

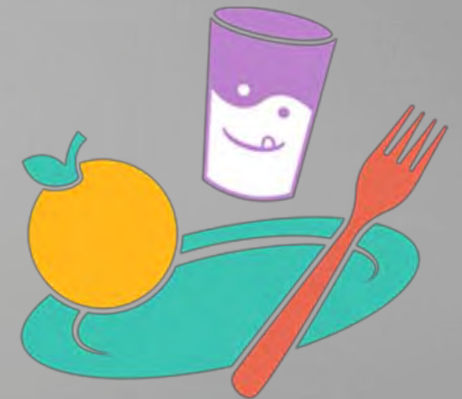


# Free and Reduced-Price School Meal Applications

Annual Webinar



**Presented by: Loria Hunter**  
Education Specialist II  
ALSDE CNP School Programs



**BREAK for a PLATE**  
ALABAMA

# Webinar Link

---

- [CLICK HERE](#) for the WebEx recording



# **BREAK** *for a* **PLATE**

## **SCHOOLS**

### **Learning Codes**

**3200** Program Management

**3000** Administration

**3110** Free/Reduced Price Meal Benefits

# Agenda

## Free and Reduced-Price School Meal Applications

1. Direct Certification
2. 30 Operating Day Carryover
3. Eligibility Manual Overview
4. USDA Prototype Options
  - Paper Application
  - Web-based Application
5. FAQs/How to Apply
6. Application Translations
7. Application Processing
8. Appeal Process
9. Recordkeeping
10. Disclosure of Confidential Information
11. Questions and Answers
12. Training

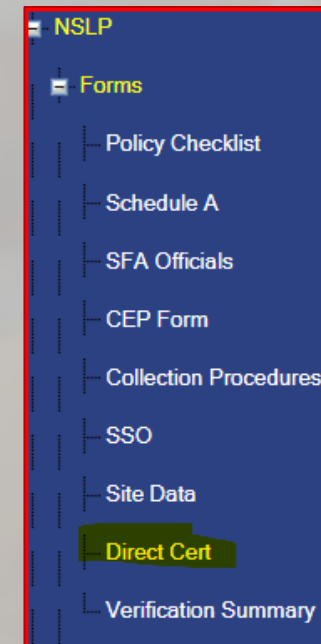
# Direct Certification (DC) Electronic Matching

Direct Certification allows LEAs to establish student eligibility for free and reduced price meals using participant data from other means-tested programs (ex. SNAP, TANF, MEDICAID) eliminating the need for an application.

Automated Data Matching is the most common direct certification method used. ALSDE provides the Direct Cert list to public and charter schools by automatic upload through PowerSchool. Private Schools and RCCIs with day students must certify students by matching enrolled students to the direct cert list provided on the online application at the web address below

[cnp.alsde.edu](http://cnp.alsde.edu)

**NSLP >Forms >Direct Cert**



# Direct Certification - Medicaid - Electronic Matching

- ❖ Children may *ONLY* be directly certified based on an automated data matching process between the Alabama State Department of Education and the Alabama Medicaid Agency.

## **Extended Eligibility:**

Direct certifications of Medicaid Free or Reduced-Price determinations may be extended to other children in the same household.

Determination will be made at the state level and imported as part of the DC file nightly into PowerSchool. LEAs should not extend eligibility to siblings appearing on the DC file.

# Direct Certification

## Other Source Categorically Eligible

A process conducted through an automated data matching or an exchange of information between appropriate State or local agencies and officials such as the LEAs homeless/foster/runaway coordinator.

DC may be conducted using lists of eligible children provided to the SA or LEA from appropriate officials. Letters from and contact with the officials may also be used as documentation for certification. [7 CFR 245.6(b)(2)]



Medicaid free and Medicaid reduced-price students are NOT considered categorically eligible since they must meet an income standard as a factor of eligibility.

**\*These students are only matched electronically.**

# Direct Certification

## Other Source Categorically Eligible

Page 18 Eligibility Manual

- Federal Head Start
- State or Indian Tribal Pre-K Programs
- Homeless
- Migrant (Migrant Education Program)
- Runaway
- Foster



# Direct Certification - Other Source Categorically Eligible Migrant Education Program (MEP)

## My applications « (AIM) Services Portal

The Services Portal homepage features a grid of application tiles. A red arrow points to the 'Student Data' tile, which is highlighted in yellow.

The StudentData application interface shows a navigation menu with 'Federal Programs' highlighted in yellow. A red arrow points to this menu item.

SYSTEM SELECTION			Grade	Enrolled
School Year	2023; 2022 - 2023		Ages 0 to 2 (97)	0
School System	048; Marshall County		Ages 3 to 5 (98, 99)	234
School	0000; Marshall County		Grade K (00)	451
			Grade 1 (01)	521
			Grade 2 (02)	445

The StudentData application shows a dropdown menu for 'Federal Programs' with 'Students - Migrant' selected and highlighted in yellow. A red arrow points to this selection.

STUDENTS RACE / ETHNIC		
American Indian/Alaska Native	535	9.12%
Asian	35	0.60%

The 'All Student Data' table displays student information with columns for various categories. A red arrow points to the 'Migrant' column, which is highlighted in yellow.

#	History	System	School	SSID	Last Name	First Name	Gender	Race	Grade	Findout/Gratulator	Findout/Completer	Withdrawn	Dropout	Non Traditional	Non-Traditional Type	Migrant	EL	Homeless
	History	048	0030		[Redacted]	Guadalupe	F	White	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	History	048	0030		[Redacted]	Guillermo	M	White	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	History	048	0030		[Redacted]	Fabiola	F	White	12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	History	048	0030		[Redacted]	Andres	M	American Indian/Alaska Native	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Notification of Eligibility through Direct Certification

## DC Letters

- ❖ The notification must explain that the child is eligible for free or reduced benefits without further application.
- ❖ The notification must clarify eligibility that free or reduced meal benefits extend to all school-aged children in the household.
- ❖ Must inform households of how to notify the LEA of any additional school-aged children in the household not listed on the notification.
- ❖ Must explain how the household can notify the LEA if the household does not wish to receive benefits for directly certified children.
- ❖ Included with the Free/Reduced information packet and at <https://www.alabamaachievers.org/child-nutrition-programs/school-nutrition-programs/>

# Duration of Eligibility and Carryover Eligibility

## **DURATION OF ELIGIBILITY**

Once an eligibility determination is made, a child's free, reduced or paid meal status remains in effect for the entire school year and up to 30 operating days into the following school year.

If the household reapplies or becomes eligible through direct certification the eligibility may change.

## **CARRYOVER ELIGIBILITY**

**(SFA's responsibility to establish grace period dates in POS)**

The child's eligibility free, reduced or paid status from the previous school year is carried into the current school year for up to 30 operating days.

# 30-Day Carryover Benefits Prior to Processing Applications

- ❖ Children with approved free or reduced price meal application on file from the previous year; Children directly certified for free or reduced meal benefits in the previous school year;
- ❖ Children who are newly enrolled in the LEA, but who reside in a household where another child (e.g., a sibling) has an approved application on file or was approved through direct certification with an Assistance Program in the previous year;
- ❖ Children determined *Other Source Categorically Eligible* for free benefits in the previous school year; and
- ❖ Children in kindergarten who were enrolled in Head Start under the jurisdiction of the same LEA during the previous school year.

# NO Application after 30-Day Carryover

- ❖ If no new application is submitted and eligibility is not established through direct certification by the end of the 30-day carryover period, a child's eligibility for free or reduced-price meals expires, and the **LEA must discontinue benefits**.
- ❖ The household does not have a right to appeal a discontinuation of benefits due to the expiration of the carryover period because no eligibility determination was made during the current school year. (Eligibility Manual for Schools, page 54)

Benefits for  
Students  
Transferring  
to a  
New  
School

**The 30-Day carryover applies to:**

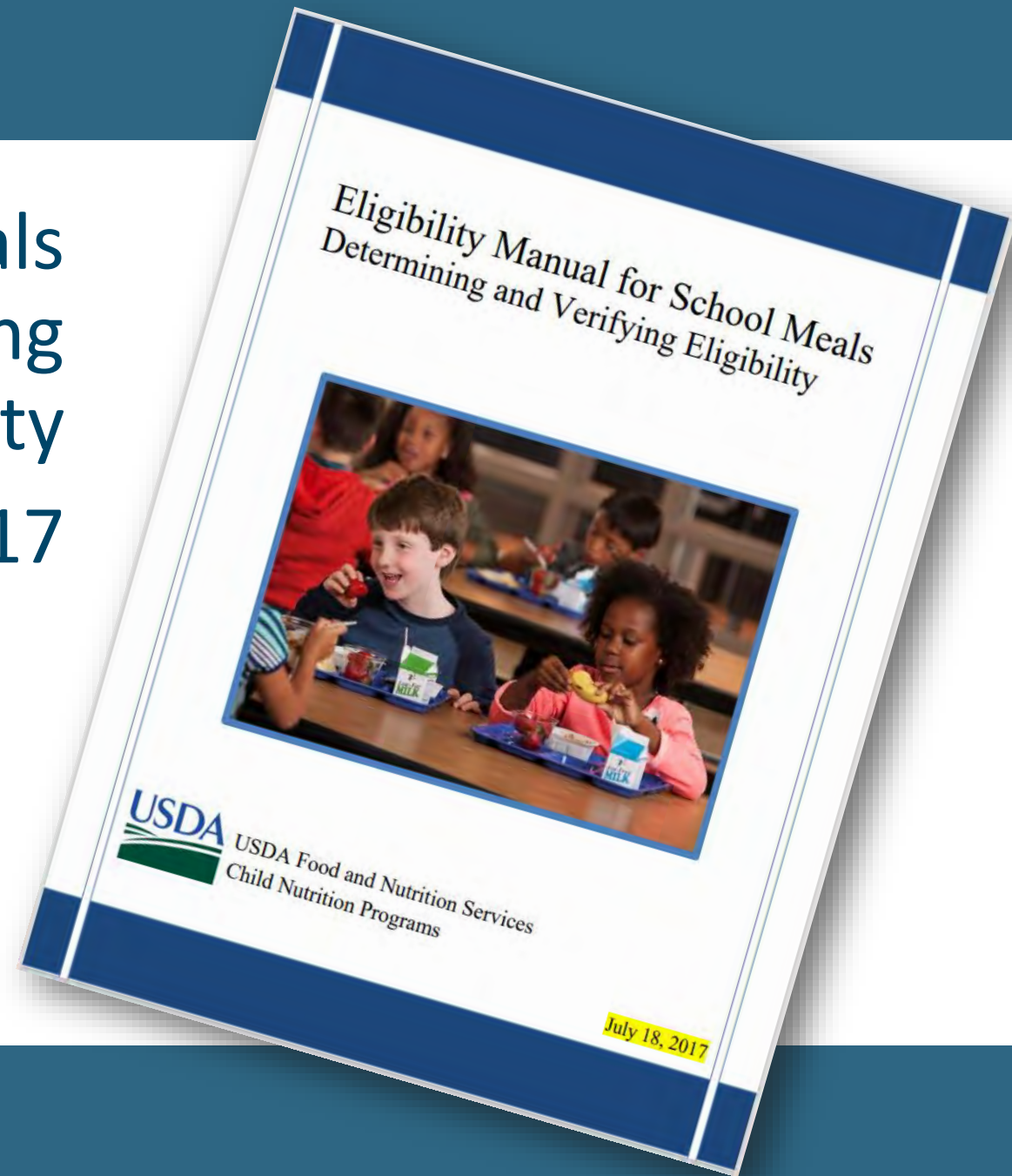
1. Transfers within an LEA
2. Transfers between LEAs
3. Transfers from a CEP or Provision 2 school to a non-CEP/Provision 2 school.

*This carryover ensures students do not experience a gap in school meal access.*

# Reference

## Eligibility Manual for School Meals Determining and Verifying Eligibility July 18, 2017

[Eligibility Manual for School Meals \(azureedge.us\)](http://azureedge.us)



SY25 will continue to use this version.

# USDA Prototype Free and Reduced Price School Meals Application Packet

## Alabama CNP - School Nutrition Programs - Alabama State Department of Education ([alabamaachieves.org](http://alabamaachieves.org))

- Prototype Application for Free and Reduced-Price School Meals
- Prototype letter to households, *Frequently Asked Questions About Free and Reduced -Price School Meals*
- Prototype application instructions, *How to Apply for Free and Reduced-Price School Meals*
- Prototype information sharing authorizations; (**To ensure compliance use the letter posted on the ALSDE website.**)
  - Sharing Information with Medicaid/SCHIP
  - Sharing Information with Other Programs
- Prototype household benefit issuance notifications:
  - Notice to Direct Certification
  - Notice of Direct Certification Medicaid Reduced
  - *Notice to Households of Approval/Denial of Benefits*
- SYXX-XX Income Eligibility Chart
- SYXX-XX Public Release and Public Release Prototypes for CEP/Prov 2
- Prototype verification materials:
  - We Must Check Your Application
  - We Have Checked Your Application

NOTE: The USDA Non-Discrimination Statement is not required on FAQ if sent with all information in a packet. If documents are sent separately, the USDA Non-Discrimination Statement must be included on the Frequently Asked Questions for F/R Meal Applications and the How to Apply for Free and Reduced-Price School Meals.

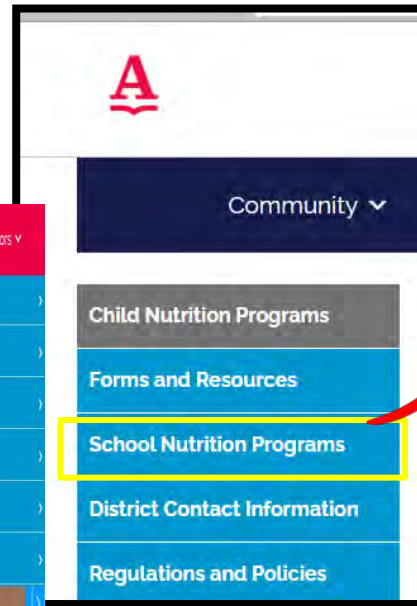
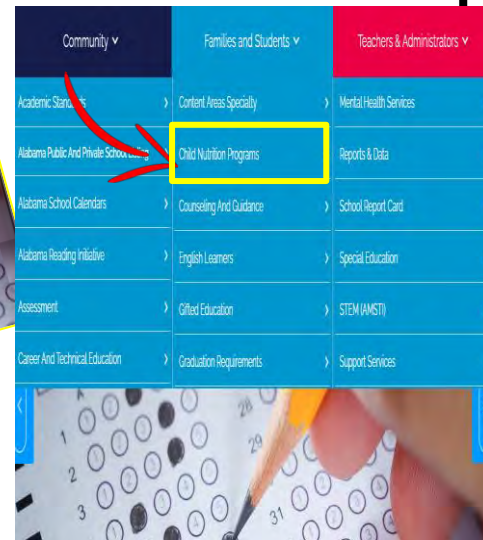
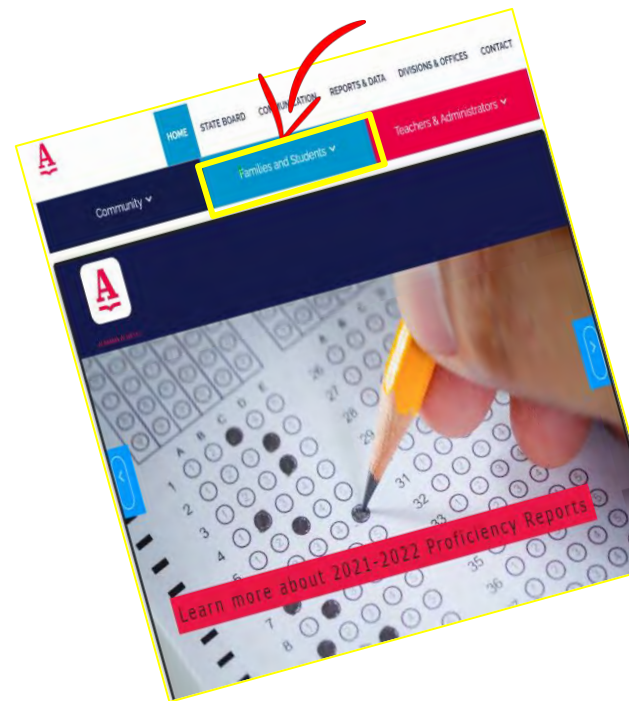
The translated versions <http://www.fns.usda.gov/school-meals/applying-free-and-reduced-price-school-meals>



# Prototype Application and Supporting Documents Link

The USDA Free and Reduced-Price Meals Prototype Application for SY (XX-XX) will be posted on the Alabama State Department of Education website.

ALSDE Home Page : Alabama Achieves → Family and Students → Child Nutrition Programs → School Nutrition Programs → Then, Scroll down to Free and Reduced Forms.



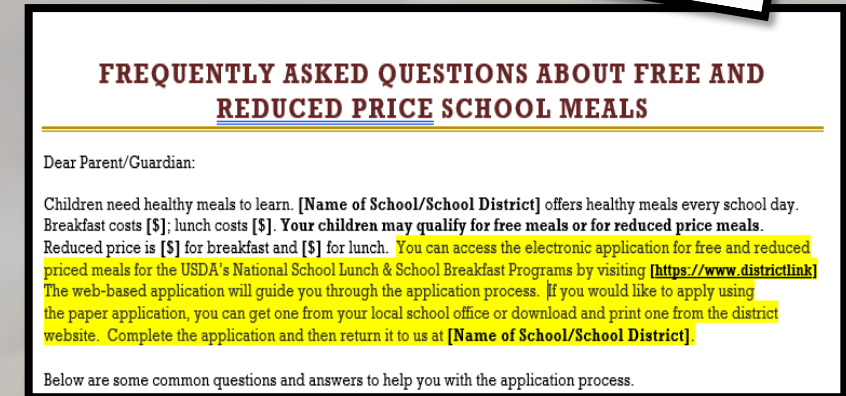
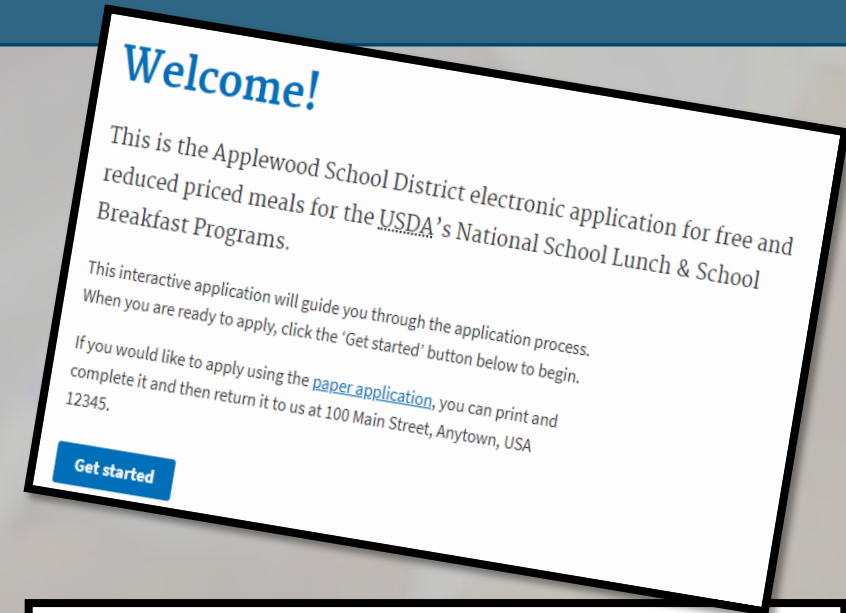
FREE AND REDUCED FORMS	
Title	Description
<a href="#">SY 22-23 How To Apply For Free And Reduced Price School Meals</a>	SY 22-23 How To Apply For Free And Reduced Price School Meals
<a href="#">SY 22-23 Prototype Household Application for Free and Reduced Price School Meals</a>	SY 22-23 Prototype Household Application for Free and Reduced Price School Meals
<a href="#">SY 22-23 Income Eligibility Chart</a>	SY 22-23 Income Eligibility Chart
<a href="#">SY 22-23 Household Letters</a>	SY 22-23 Income Eligibility Chart
<a href="#">SY22-23 Public Release</a>	SY22-23 Public Release
<a href="#">SY22-23 Free and Reduced Price School Meals information</a>	SY22-23 Free and Reduced Price School Meals information
<a href="#">School Meals – Translated Applications</a>	School Meals – Translated Applications

State Approval  
Required  
for  
Customized  
Documents  
and  
Web-Based  
Applications

- ❖ Customized Household Application for Free and Reduced-Price School Meals
- ❖ Customized Letters for Application and Verification
- ❖ Web-based Application Link
- ❖ **The deadline for submitting these documents is June 17<sup>th</sup>.**

# USDA Prototype Web-Based Application Requirements

- Frequently Asked Questions About Free and Reduced-Price School Meals – Letter to Household
- For a web-based application, a paper copy should be available
- The letter to the household, must inform parents how to access the paper application.



**USDA Prototype Web-Based Application Source Code**

<https://www.fns.usda.gov/apps/school-meals/web-based-prototype/docs/index.html#/welcome>

# Web-Based/Online Applications

The LEA is ultimately responsible for determining the eligibility for free or reduced-price meals, not the computer system.

The LEA must ensure the computer system meets all requirements and performs all functions with a high degree of accuracy, as outlined in the eligibility manual. (page 72)

## ❖ Original date of approval

- Household size
- Household income
- Updates the status of the application to account for transfers, withdrawals, terminations and any other changes.

# Web-Based/Online Applications Cont'd

- ❖ The determining official should sample a batch of applications to confirm that the software captures the required information.
- ❖ ALSDE recommends a batch of 5 applications. If an error is found, include documentation from the software company that the error has been corrected and confirm 5 additional applications.
- ❖ For documentation, the determining official may sign or initial the sample batch. Indicate name, title, and date.

# USDA Prototype Application Paper and Web-Based

**Prototype Household Application for Free and Reduced Price School Meals**  
 Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:**  
**RETURN TO (School/District Name):**  
**ADDRESS:**

**STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.**  
 List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 Do any household members (including you) participate in SNAP, TANF, or FDIPIR?**  
 Go to STEP 3.  YES  NO Write case number here and proceed to STEP 4. **CASE NUMBER (NOT EBT NUMBER):** \_\_\_\_\_

**STEP 3 List ALL household members and income for each member (before taxes and deductions), even if not related, including you.**  
 List all Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)  
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?					
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual				Weekly	Every 2 Weeks	2x Month	Monthly		
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. Child Income**  
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.  
 Child income: \$ \_\_\_\_\_  
 Insert school address here: \_\_\_\_\_

**STEP 4 Contact information and adult signature.** RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:  
 "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 (confirm) 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."

Print Name of Adult Signing the Form: \_\_\_\_\_  
 Mailing Address (if available): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Signature of Adult: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Phone (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

- The highlighted field on the top right has space for the online line application address, school/district name and address.
- Additionally, a field has been added to Step 4 in the application instructions where program operators should include the mailing address where households may send completed applications.

# Frequently Asked Questions About F/R School Meals

Only change the **[bold bracketed fields]** or **highlighted** sections with state/district/facility specific information.

## **Be sure to:**

- Identify appropriate contacts (director, superintendent, homeless liaison, etc.)
- Include appropriate phone numbers and addresses.
- Font size must be legible.

## **The letters may be distributed by:**

- US Postal Service
- E-mailed to the parent or guardian, or
- Information packets provided to students.

# Common Mistakes

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [\[website\]](#) to begin or to learn more about the online application process. Contact [\[name, address, phone number, e-mail\]](#) if you have any questions about the online application.

If you select YES - The FAQs must explain that the option to submit a paper application is still available and must indicate how the household may obtain and submit a paper application.

### FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Free and reduced price school meals are available to eligible children.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [\[website\]](#) to begin or to learn more about the online application process. Contact [\[name, address, phone number, e-mail\]](#) if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through [\[date\]](#). You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: [\[name, address, phone number, e-mail\]](#).

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$800, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you mean to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact [\[name, address, phone number, e-mail\]](#) to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for [\[State SNAP\]](#) or other assistance benefits, contact your local assistance office or call [\[State hotline number\]](#).

If you have other questions or need help, call [\[phone number\]](#).

Sincerely,  
[\[signature\]](#)



## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS continued

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through [date]. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

### FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. [Name of School/School District] offers healthy meals every school day. Breakfast costs \$5; lunch costs \$5. Your children may qualify for free meals or for reduced price meals. Reduced price is \$3 for breakfast and \$3 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
- All children in households receiving benefits from [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF], are eligible for free meals.
  - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Children participating in their school's Head Start program are eligible for free meals.
  - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
  - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	FEDERAL ELIGIBILITY INCOME CHART For School Year		
	Yearly	Monthly	Weekly
1			
2			
3			
4			
5			
6			
7			
8			
Each additional person:			

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail [school, homeless liaison or migrant coordinator].
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: [name, address, phone number].
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact [name, address, phone number, e-mail] immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [website] to begin or to learn more about the online application process. Contact [name, address, phone number, e-mail] if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: [name, address, phone number, e-mail].
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$600, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact [name, address, phone number, e-mail] to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call [State hotline number].
- If you have other questions or need help, call [phone number].
- Sincerely,  
[signature]

# How to Apply for Free and Reduced- Price School Meals

## How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the [Insert School District]**.

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [Insert school/school district contact here; phone and email preferred].

**Please use a pen (not a pencil) when filling out the application and do your best to print clearly.**

### Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) [school/school system here].

**A) List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

**B) Is the child a student?** If "Yes," write the grade level of the student in the "Grade" column to the right.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **Step 1**, go to **Step 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

# Information Letters to Households

- The information letter (FAQs) **must** be sent to households before children begin attending school. The letters may be distributed by the postal service, e-mailed to the parent or guardian, or included in information packets provided to students on or before the first day of school.
  - **SFAs using web-based applications are required to send only the FAQs. Include NDS on FAQs if it is the only document being sent to inform households of program availability.**
- Direct Certification Letter – must be sent to households of students directly certified through data matching from state agencies.

# Information Letters to Households, Cont'd

## Options:

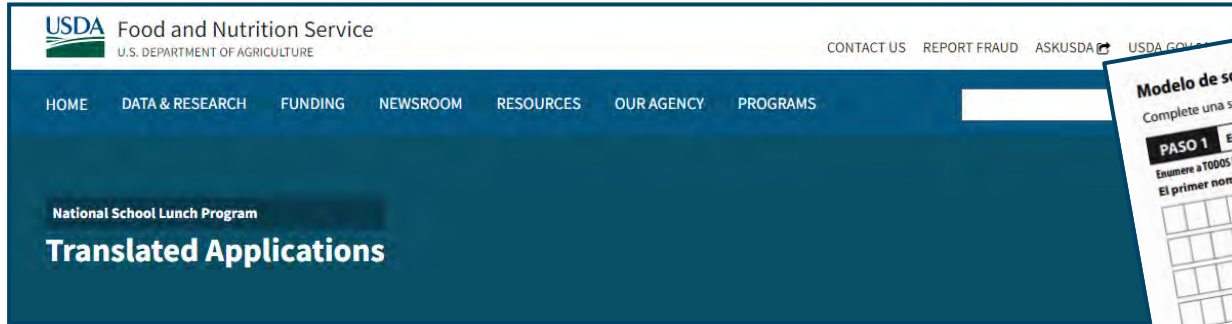
- Web based – information letter (FAQs) with the link to the online application
- Hard copy application or email the following:
  - Frequently Asked Questions About Free and Reduced-Price School Meals (FAQs), and
  - How to Apply for Free and Reduced-Price School Meals must be provided to parents/guardians together.
  - The Prototype Application for Free and Reduced-Price School Meals,

LEAs cannot require a household to complete an application for benefits.

# Overt Identification

- Any action that may result in a child being recognized as eligible to receive free or reduced-price school meals.
- LEAs and SFAs must assure that a child's eligibility status is not disclosed at any point in the process of providing free or reduced-price meals or free milk. (This includes the application and notification process.)

# Family Friendly Application Translations

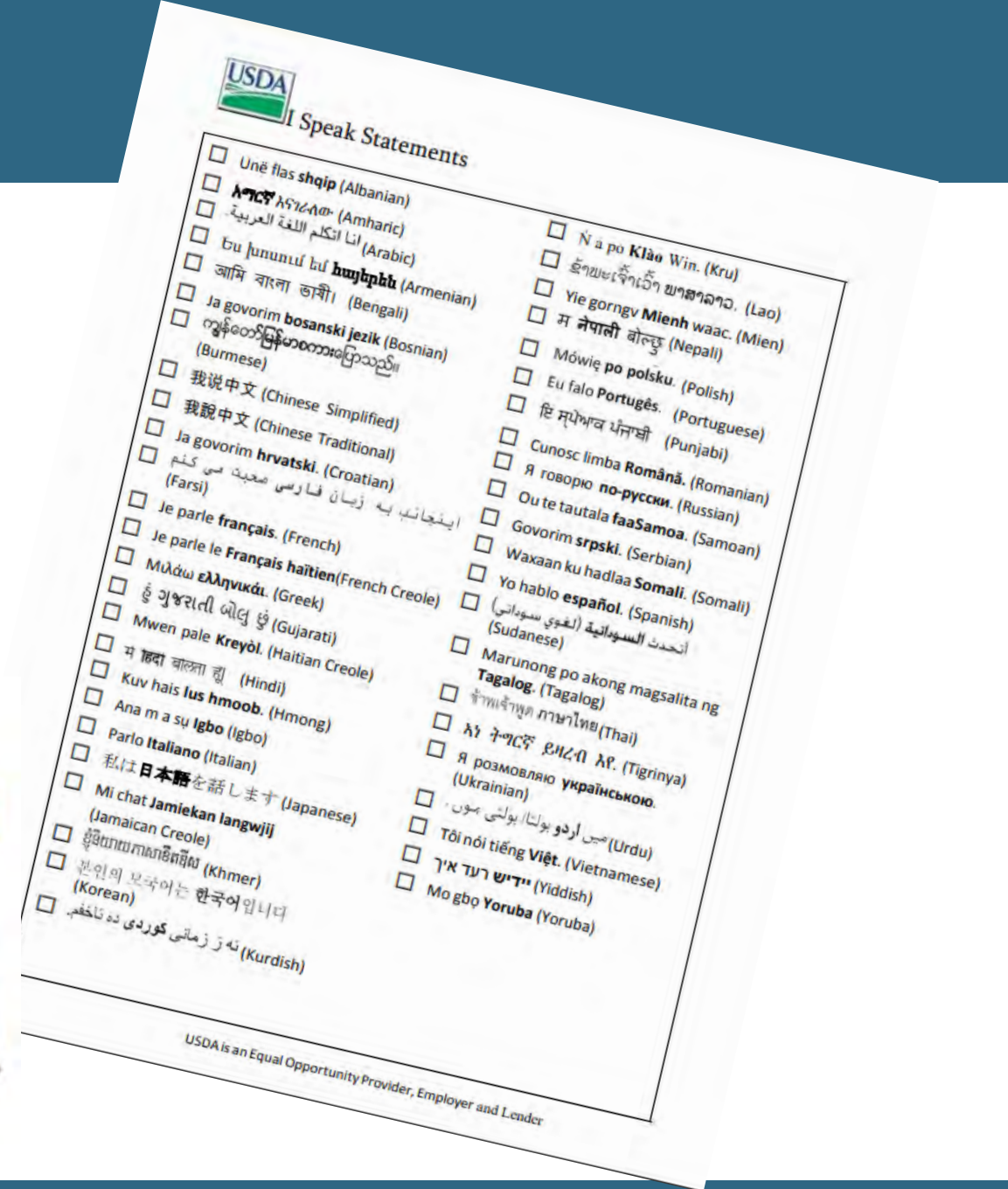


Translated applications are available in 34 languages and intended to be used directly by families. The application package has been limited to include only the initial information that families need under the “Resources for Households” heading. The additional prototype household letters are found under the “Resources for State and Local Agencies”. All items are located within the link below.

A detailed view of the "Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares" form. The form is titled "Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares" and includes instructions: "Complete una solicitud por hogar. Use bolígrafo (no use lápiz)." The form is divided into several steps: PASO 1: Enumeración de niños/as, bebés y estudiantes de hasta 12º grado; PASO 2: Información de ingresos y deducciones; PASO 3: Información de ingresos de los niños/as; PASO 4: Información de contacto y firma del adulto. The form includes various input fields, checkboxes, and tables for recording information. A yellow highlight is present on the "DIRECCIÓN:" field and the "Ingresos de los niños/as" section. A note on the right side of the form reads: "Si marcó alguna de estas casillas, consulte las instrucciones de la solicitud. Paso 1: Parte C y Parte D." Another note at the bottom right says: "Consulte la lista de las fuentes de ingresos al reverso de la solicitud."

<https://www.fns.usda.gov/cn/translated-applications>

## Short Phrases 49 languages Applicant select language




# Foreign Language Translations

- 
- **Contact the district Limited English Proficiency (LEP) liaison to assist in identifying any households that may benefit from the translations.**
  - **Contact your area specialist if other foreign language translations are needed for the F/R Meal application, FAQs, and How to Apply for F/R Meals to identified households.**



# Processing F/R Meal Applications

## Income

- Signature of adult household member
- The last four digits of the Social Security Number must be included or  “I do not have a Social Security Number”.
- Names of all household members Income applications – income and frequency for all household members including children and the student(s) for whom application is being submitted

**SNAP/TANF/FDPIR** – student name(s), case number, adult household member signature

**Other Source Categorically Eligible** – selection of applicable program (Local Foster, Runaway, Homeless), individual student name, adult household member signature

# Processing F/R Meal Applications, Cont'd

- ❖ Applications with blank income fields are to be processed as complete.
- ❖ All required sections of the application must be completed.
- ❖ Application must be considered complete if the racial/ethnic data collection questions, address, phone number are not answered.

# Application → Processing Timeframe

Applications should be reviewed, and eligibility determination made within **10 operating days** of the receipt of the application.


## Flexibility in Determining Effective Date of Eligibility

- ***Flexibility in Determining Effective Date of Eligibility requires ALSDE approval.***
- ***SP11-2014***

- The LEA has a regulatory obligation to verify “for cause” all approved applications that may be questionable.
- The verification effort cannot delay the approval of the application.
- If an application is complete and indicates that the child is eligible for free or reduced-price benefits, the application must be approved.



# Questionable Applications?

- 
- ❖ An incomplete application is missing required information, contains inconsistent information or is unclear.
  - ❖ The LEA should make reasonable efforts to contact the household to obtain or clarify required information.
  - ❖ Any income field left blank is a positive indication of no income; therefore, paper applications with blank income fields are to be processed as complete.

# INCOMPLETE APPLICATIONS

# Household Failure to Apply

**Local officials may complete an application for a student known to be eligible.**

Applications must include:

1. Household size and income based on best information available.
2. Source of information must be noted on application.

Eligibility is based on application information.

Household must be notified.

This option is for limited use.

# Documenting Changes

When documenting changes on applications:

- ❖ Initial
- ❖ Date
- ❖ Include any important information
  - Who
  - What
  - When
  - Where
  - Why



Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares

Complete una solicitud por hogar. Use bolígrafo (no use lápiz).

**PASO 1** Enumere a TODOS los niños, bebés y estudiantes de hasta 12º grado. Adjunte otra hoja si necesita espacio para más nombres.

PRESENTE SU SOLICITUD EN LÍNEA: DEVUÉLVALA A (nombre de la escuela o del distrito): DIRECCIÓN:

Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares

Complete una solicitud por hogar. Use bolígrafo (no use lápiz).

**PASO 1** Enumere a TODOS los niños, bebés y estudiantes de hasta 12º grado. Adjunte otra hoja si necesita espacio para más nombres.

PRESENTE SU SOLICITUD EN LÍNEA: DEVUÉLVALA A (nombre de la escuela o del distrito): DIRECCIÓN:

Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares

Complete una solicitud por hogar. Use bolígrafo (no use lápiz).

**PASO 1** Enumere a TODOS los niños, bebés y estudiantes de hasta 12º grado. Adjunte otra hoja si necesita espacio para más nombres.

PRESENTE SU SOLICITUD EN LÍNEA: DEVUÉLVALA A (nombre de la escuela o del distrito): DIRECCIÓN:

**PASO 2** ¿Algún miembro del hogar (incluido usted) participa en el Programa de Asistencia Nutricional Suplementaria (SNAP), por sus siglas en inglés, el Programa de Asistencia Temporal para Familias Necesitadas (TANF), por sus siglas en inglés, o el Programa de Distribución de Alimentos en las Reservas Indígenas (FOPID), por sus siglas en inglés?

NO → Continúe al PASO 3.  SI → Escriba el número de caso aquí y continúe al PASO 4.

**PASO 3** Enumere a TODOS los miembros del hogar y los ingresos de cada uno de ellos (antes de impuestos y deducciones).

**A. Todos los miembros adultos del hogar (cualquier persona, aunque no sea pariente, que viva con usted y comparta ingresos y gastos, incluyendo usted mismo).** Enumere a todos los miembros adultos del hogar que no se hayan mencionado en el PASO 1 (incluido usted). Para cada miembro del hogar que se haya enumerado y recibe ingresos, indique los ingresos brutos totales (antes de impuestos y deducciones) de cada fuente únicamente en cantidades redondeadas (sin centavos). Si no recibe ingresos de ninguna fuente, escriba "0" o deje algún campo en blanco, certifica (garantiza) que no hay ingresos que declarar.

**B. Ingresos de los niños/a**  
A veces los niños/a del hogar obtienen o reciben ingresos. Incluya aquí los ingresos TOTALES (antes de impuestos y deducciones) recibidos por TODOS los niños/a que se hayan enumerado en el PASO 1.

**PASO 4** Información de contacto y firma del adulto. DEVUELVA EL FORMULARIO COMPLETADO A LA ESCUELA DE SU NIÑO/A. Escriba aquí la dirección de la escuela.

Devuelva el formulario completado a la escuela de su niño/a.

# Hardship Cases

USDA has no provision for making exceptions based on unusual household circumstances.



# Notification of Eligibility or Denial

**Households must be notified, either in writing or verbally, of their child's eligibility status within 10 operating days of receipt of the application.**

Households **denied** benefits must be notified in writing and include:

1. The reason for denial of benefits.
2. The right to appeal.
3. Instructions on how to appeal.
4. A statement that households may reapply for benefits at anytime during the school year with income documentation.

*USDA Prototype: Notice to Households of Approval/Denial of Benefits*

# Decline of Benefits by Parent or Guardians

Households notified of their children's eligibility must contact the LEA or school if the household chooses to decline the free meal benefits.

- ❖ Parents/Guardians may decline benefits or request reduced benefits.
- ❖ Document by source, initial, and date.
- ❖ Meals are claimed at the status the parent's/guardian's request.



*Free and Reduced-Priced Meals*

# Appeal Process

Household may  
appeal determination.

District must follow  
hearing procedures.



# Filing and Maintaining Applications

- ❖ It is recommended that applications are filed in the district central office.
- ❖ Applications must be readily retrievable.
- ❖ Six categories of applications:
  - Free
  - Reduced
  - Denied
  - Withdrawn
  - Temporary
  - Verification
- ❖ Document changes on applications.

FREE &  
REDUCED  
LUNCH  
APPLICATION



Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares  
Complete una solicitud por hogar. Use bolígrafo (no use lápiz).

Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares  
Complete una solicitud por hogar. Use bolígrafo (no use lápiz).

Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares  
Complete una solicitud por hogar. Use bolígrafo (no use lápiz).

**PASO 1** Enumere a **TODOS** los niño/as, bebés y estudiantes de hasta 12<sup>o</sup> grado. Adjunte otra hoja si necesita espacio para más nombres. Enumere a **TODOS** los niño/as del hogar. No olvide mencionar a los bebés, los niño/as que asisten a otras escuelas, los niño/as que no asisten a la escuela y los niño/as que no solicitan beneficios. Esta incluye a los niño/as que no tienen parentesco con usted y viven en su hogar.

El primer nombre del niño/a	M	Apellido(s) del niño/a	Grado	Fosteridad	Migrante	Hoyá del hogar	Sin hogar
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PASO 2** ¿Algún miembro del hogar (incluido usted) participa en el Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés), o el Programa de Distribución de Alimentos en las Reservas Indígenas (FDPRI, por sus siglas en inglés)?

NO → Continúe al PASO 3.  SÍ → Escriba el número de caso aquí y continúe al PASO 4. **NÚMERO DE CASO (NO EL NÚMERO DE TRANSFERENCIA ELECTRÓNICA DE BENEFICIOS (EBT, por sus siglas en inglés):** \_\_\_\_\_

**PASO 3** Enumere a **TODOS** los miembros del hogar y los ingresos de cada uno de ellos (antes de impuestos y deducciones)

**A. Todos los miembros adultos del hogar (cualquier persona, aunque no sea pariente, que viva con usted y comparta ingresos y gastos, incluyendo usted mismo).** Enumere a todos los miembros adultos del hogar que no se hayan mencionado en el PASO 1 (incluido usted), aunque no reciban ingresos. Para cada miembro del hogar que se haya enumerado, si recibe ingresos, indique los ingresos brutos totales (antes de impuestos y deducciones) de cada fuente únicamente en cantidades redondeadas (sin centavos). Si no recibe ingresos de ninguna fuente, escriba "0". Si escribe "0" o deja algún campo en blanco, certifica (garantiza) que no hay ingresos que declarar.

Nombre de los miembros adultos del hogar (nombre y apellido)	Ingreso bruto anual (antes de impuestos)	¿Con qué frecuencia se reciben?				Ingresos brutos anuales (antes de impuestos)	¿Con qué frecuencia se reciben?			
		Cada semana	Cada dos semanas	Cada mes	Ocasionalmente		Cada semana	Cada dos semanas	Cada mes	Ocasionalmente
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. Ingresos de los niño/as**  
A veces los niño/as del hogar obtienen o reciben ingresos. Incluya aquí los ingresos TOTALES (antes de impuestos y deducciones) recibidos por TODOS los niño/as que se hayan enumerado en el PASO 1.

Nombre de los niño/as	Ingresos brutos anuales (antes de impuestos)	¿Con qué frecuencia se reciben?			
		Cada semana	Cada dos semanas	Cada mes	Ocasionalmente
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PASO 4** Información de contacto y firma del adulto. **DEVUELVA EL FORMULARIO COMPLETADO A LA ESCUELA DE SU NIÑO/A.** Escriba aquí la dirección de la escuela.

Nombre en letra de imprenta del adulto que firma el formulario \_\_\_\_\_ Fecha de hoy \_\_\_\_\_  
Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_ Teléfono (opcional) \_\_\_\_\_ Correo electrónico (opcional) \_\_\_\_\_  
Dirección postal (si está disponible) \_\_\_\_\_

Devuelva el formulario completado a la escuela de su niño/a.



# Recordkeeping

**Follow the most restrictive record retention policy between USDA, Alabama, and your local district.**

- Federal - three years plus the current (4 years total)
- State - current plus two years following the closure of your last Administrative Review.
- ❖ **Approved Applications:** date approved, level of benefits, signature or initials of reviewing official.
- ❖ **Denied Applications:** reason for denial, date of denial, date notice sent, signature of reviewing official.
- ❖ **Dates of transfers, withdrawals and changes in eligibility must be maintained.**

# Disclosure of Confidential Information

- ❖ The LEA must seek written consent from the parent or guardian who signed the application to use the information provided on the application for non-program purpose.
- ❖ Parental consent must be obtained each school year and consent forms cannot be extended from one school year to the next.
- ❖ Eligibility may be disclosed without consent to programs such as Federal Education Programs, state health or education programs; Federal, state or local means-tested nutrition programs.





**1. Clarification - SFAs are required to distribute letters to the household to each student. Is it enough to have the letter posted to the school's web page and online application portal?**

- To inform families about the availability of free and reduced-price meals or free milk, schools must distribute information letters to the households of children attending the school. [7 CFR 245.5(a)(1)]. The letters may be distributed by the postal service, e-mailed to the parent or guardian, or included in information packets provided to students.

**2. Is distribution of paper application packets on the first day of school approved?**

- Yes, distribution of a complete paper application packet (consisting of an application form, How-to-Apply instructions, and the letter to households/FAQs) is an allowable distribution method.
- SFAs (School Food Authority) that do not have a web-based F/R application, must provide a paper application packet to all enrolled students in one of the distribution methods highlighted in question #1.
- SFAs that have a State approved web-based F/R application, must send only the letter to household/FAQ letter to all households in one of the distribution methods highlighted in question #1. Because of the availability of the web-based application, a paper application packet does not have to be available for all enrolled students, but available upon request.
- The letter to household must include a statement explaining how to obtain a paper application if a household decides it can't or won't complete an application electronically.



### 3. Are districts required to send DC notification letters to students in CEP schools?

- No, for SFAs participating in CEP a notice of approval, as required by [7 CFR 245.6\(c\)\(6\)](#), would not be appropriate since individual student eligibility is not an issue.
- The correct protocol for informing the public about CEP is found in [SP 54-2016](#) “*Notification and Publication Requirements*” Question 3, which states “LEAs electing CEP should use their usual channels of communication (i.e., the required public announcement included at 7 CFR 245.5) to notify that school meals will be available at no cost to all enrolled students.
- LEAs may also consider including information about CEP when distributing “back-to-school” packets with student registration materials each fall, posting information about CEP on the district website, and/or sharing information about CEP in student handbooks.

### 4. If all applications are processed online, should a copy of all processed applications be printed?

- No, keep an electronic copy to have readily available.

### 5. When will the DC file be exported to PowerSchool?

- The DC file will be exported to the SA on July 1<sup>st</sup>. The SA will export information to PowerSchool. PowerSchool will export information to LEAs. This process will take a few days. Check for the DC file on or around July 3<sup>rd</sup>.



# Don't Forget to Train



CNP Directors are responsible for training all staff members who process Free and Reduced-Price Meal Applications.

Remember when training your staff this year, encourage school secretaries and principals to update student addresses on a regular basis. We discovered through the Pandemic EBT process that many families did not have accurate contact information which delayed receipt of their PEBT cards.

## Prototype Household Application for Free and Reduced Price School Meals

APPLY ONLINE:  
RETURN TO (School/District Name):  
ADDRESS:

Complete one application per household. Please use a pen (not a pencil).

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless	If you checked any of these boxes, please refer to the Application Instruction's Step 1, Part C & Part D.	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check all that apply
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**STEP 2** Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3.  YES → Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): \_\_\_\_\_ Write only one case number in this space.

**STEP 3** List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	How often received?				Public Assistance, Child Support, Alimony	How often received?	Pensions, Retirement, Social Security, VA Benefits, All Other Income	How often received?				
		Weekly	Every 2 Weeks	1x Month	Annular					Weekly	Every 2 Weeks	1x Month	Annular
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) \_\_\_\_\_ Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (if Applicable) \_\_\_\_\_ Check if no Social Security Number  Please see application's back for list of income sources.

### B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$ \_\_\_\_\_

How often received?  Weekly  Every 2 weeks  1x Month  Annular

**STEP 4** Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here \_\_\_\_\_

"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 (confirm) 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."

Print Name of Adult Signing the Form \_\_\_\_\_ Signature of Adult \_\_\_\_\_ Today's Date \_\_\_\_\_

Mailing Address (if available) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (optional) \_\_\_\_\_ Email (optional) \_\_\_\_\_

FREE &  
REDUCED  
LUNCH  
APPLICATION



# State Coordinator Contact Information

Department of Education  
Migrant Program Coordinator  
Contact: Sally Meek  
[sally.meek@alsde.edu](mailto:sally.meek@alsde.edu)  
334-694-4527

Department of Education  
Homeless Program Coordinator  
Contact: LaDonna Rudolph  
[ladonna.rudolph@alsde.edu](mailto:ladonna.rudolph@alsde.edu)  
334-694-4534

Department of Human Resources  
Food Assistance Division Director  
Contact: Brandon Hardin  
[Brandon.harding@dhr.alabama.gov](mailto:Brandon.harding@dhr.alabama.gov)  
334-242-1700



# USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation\*), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#) from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

\*This language was added pursuant to the May 5, 2022, USDA memorandum. However, the inclusion and applicability of this language is currently under challenge in the matter of *The State of Tennessee, et al. v. USDA, et al.*, Case No. 3:22-cv-00257, and may be subject to change.

Send questions to:

[cnpslp@alsde.edu](mailto:cnpslp@alsde.edu). Put

*“Free/Reduced Meal Application Question”* in the subject line.



# Post Assessment

<https://forms.office.com/r/7ZuQZQLnPb>

