



FREE/REDUCED TRAINING: ELIGIBILITY GUIDANCE FOR SCHOOL MEALS

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MAIN POINTS

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- ❖ Press Release
- ❖ Online Applications
- ❖ New Students w/Siblings Receiving F/R Meals
- ❖ Reviewing Applications at School Site
- ❖ Submitting Applications to FSO
- ❖ Procedures for Handling Foster Children
- ❖ Notification Letters to Parents
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SITE OPERATIONS SURVEY FORM DUE AUGUST 31, 2016

➤ Yellow form included in your packet titled “Site Operations Survey for National School Breakfast and Lunch Programs”

Please complete and return to **Food Service Office, Attn: Mary Jane Dunlop** by *Wednesday*

, *August 31st*

School Site Operations Survey for
National School Breakfast and Lunch Programs
AGREEMENT WITH DEPARTMENT OF AGRICULTURE &
CONSUMER SERVICES
2016-2017

Free/Reduced Applications Procedures for _____
(School Name)

Name and title of school contact who will officially collect and review each application for completeness:

(Name/Title) (Phone/Extension)

Contact person who completes and submits applications and roster if different than reviewing official:

(Name) (Phone/Extension)

Principal Signature

Date

Please keep a copy of the above information and return a copy of this form to the Food Service Office by Monday August 31, 2016.

PRESS RELEASE

- Sent by the state to major employers, Whiting Field, and Social Services offices notifying parents about the free/reduced price meals for students and how they may qualify.

ONLINE APPLICATIONS - PREFERRED

- Online applications are greatly preferred as they help to expedite the process.
- Please direct parents to the link to apply for free/reduced lunch in the left hand column of the main district website, or on the Food Service page:
 - <https://www.santarosa.k12.fl.us/foodserv/default.htm>
 - Printable applications can also be found here, if needed.
- They can also reach the online application system directly at:
<https://www.myschoolapps.com/Home/PickDistrict>

Students Parents Community Employees School Board

Santa Rosa County

Accreditation
Calendars
14-15 Cal. (02/20/14)
Community Wall
Contact Info
Contracts
Data Info/SMART
Departments
District Info
Documents & Forms
Employee Directory
- Req. District Login
ESE-SB1108 Courses
ESOL/Reading/ELA/Math
Fingerprinting
Florida Standards
Food Service
Free/Reduced Appl.

New To Our Area? [Newcomers' page.](#)

2014-15 Notice of Final Budget Hearing The School District of Santa Rosa County is considering the budget for 2014-2015. The final public hearing to make a decision on the budget and taxes will be held on September 11, 2014 at 6:30 p.m in the School Board Meeting room, 5086 Canal Street, Milton, Florida.

2014-15 Notice of Tax for School Capital Outlay

2014-15 Budget Summary

NEW STUDENTS

- New students (kindergarten students or students coming into the district) who have siblings that were approved for free/reduced lunches the previous year will carry the same status for the first 30 days of school.
 - Please have the parent fill out the “New Student Registration Meal Status Information SY 15-16” form and send to the Food Service Office. This form only needs to be filled out if the parent has a child currently receiving free/reduced meals.
- **Please note that this form is the only way the FSO will know to attach the new student to the sibling’s status – otherwise, the sibling may be free/reduced while the new student will be full paid for the first 30 days.**
- Parents will still need to fill out an application for their children for the new school year and each subsequent year.

Updated 5-24-16



New Student Registration Meal Status Information SY 16-17

Dear Parent/Guardian:

In an effort to expedite the processing of your student’s free/reduced meal status and to avoid unnecessary charges to your student’s meal account, we ask that you complete the information below and return to your student’s school with their registration documents.

New Student’s Name: _____
(Please PRINT clearly)

Does your child have any siblings who live in the same household and attend school in Santa Rosa County? Do any of these siblings currently receive Free or Reduced price meal benefits? If so, please list their names and the school they attend in the spaces provided below.

<u>Name</u>	<u>School</u>
_____	_____
_____	_____
_____	_____

Please complete a new Free/Reduced Family Application (when they become available) making sure to list all of your students on the lines provided.

At any time during the school year, a sibling joins the household please fill out and send in

Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

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

This institution is an equal opportunity provider.

REVIEWING APPLICATIONS AT SCHOOL SITE

- Please check applications for completion before submitting to the FSO.
- Each application should have the following fields filled out:
 - Part 1: All students in the household listed with their name, date of birth, income (if applicable) or have the box stating “No Income” checked.
 - Part 2: If you receive an application that has “Homeless, Migrant, or Runaway” checked off in Part 2, please have the parent fill out the green residency form and call Dr. Karen Barber at (850) 983-5001. The Food Service office does not accept applications for homeless students – Dr. Barber’s office will enter the students into the system where we will retrieve the information daily.
 - Part 3 is where parents/guardians should indicate anyone in the household who receives SNAP/TANF benefits, as well as their case number. Please keep in mind that the case number is not the same as the EBT card number.

Continued on next slide

REVIEWING APPLICATIONS AT SCHOOL SITE (CONTINUED)

- Part 4: All other household members besides the students listed in Part 1 should be listed in this section. Please double check to see if the parents have listed their income along with the **frequency** of income (W=weekly, B= bi-weekly, T=twice a month, M=monthly).
**If they have listed a SNAP/TANF case number, this section and Part 7 (Social Security number) is not necessary.
- Part 5: The total number of people in the household should be recorded in this section. If a student has been listed in Part 1 and Part 4, only count them once.
- Part 6: The adult filling out the form should sign and have this section completely filled out.
- Part 7: The last 4 digits of the adult Social Security Number should be included here, or an “X” placed in the box if they do not have a Social Security Number.
- Parts 8 and 9 are optional.
- Please see the attached sample on the next page.

F/R APPLICATION SAMPLE

2016-2017 Family Application For Meal Benefits

Read Instructions On Back. Use Black Ink. Print Neatly Within Boxes and Avoid Stray Marks. Please Use CAPITAL LETTERS. Complete One Application Per Household.

1 CHILDREN IN SCHOOL Include ALL STUDENTS CURRENTLY ENROLLED in Santa Rosa County Schools. Foster Children will receive free benefits regardless of the child's personal income or the household income. If you have foster children living with you and wish to apply for such meals, please contact your school directly and check box for foster student. LIST ALL OTHER STUDENT GROSS INCOME before taxes and deduction. In the "FREQ" box enter HOW OFTEN THE INCOME IS RECEIVED (W=Weekly, B=Bi-Weekly, M=Monthly, T=Twice a Month, N=None)

Check if Foster Student

2 HOMELESS, MIGRANT or RUNAWAY If the child for whom you are applying is homeless (H), migrant (M), or a runaway (R), place an X in the appropriate box and call Dr. Karen Barber at 850.983.5001

H M R

3 SNAP/TANF BENEFITS If any member of your Household receives SNAP or TANF assistance, please enter the name and case # for one of the members. Skip part 4 and 7.

4 ALL OTHER HOUSEHOLD MEMBERS: (W=Weekly, B=Bi-Weekly, T=Twice a Month, M=Monthly) Check "No Income" box or enter income amount where applicable but do not put "NONE" or "NA".

Name of person receiving benefits: if applicable

SNAP or TANF Case #: _____

5 TOTAL # OF PEOPLE LIVING IN YOUR HOUSEHOLD

6 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) this information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

7 An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her last 4 digits of their 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).

ADULT SIGNATURE REQUIRED _____ FIRST NAME (clearly print) _____ LAST NAME (clearly print) _____ DATE SIGNED _____

MAILING Address _____ Apt # _____ City _____ State _____ Zip _____ DAYTIME Telephone Number _____

8 Race Identity (Optional) Mark One or More: American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander Ethnic Identity (Optional) Mark One: Hispanic or Latino NOT Hispanic or Latino E

9 Yes, School Officials may give information from this form to Medicaid or State Children's Health Insurance Program (SCHIP) officials who may use the information to determine my children's eligibility for Health Insurance under Medicaid or SCHIP and may contact me for more information. This information may be shared with school administrators and Cayen Information Systems (Title I Programs). I understand that I will be releasing information showing that I applied for free and reduced price meals for my children and give up my right of confidentiality for this purpose only. I certify that I am the parent/guardian of the children for whom the application is made.

ADULT SIGNATURE: _____ DATE: _____

optional



PROCEDURES FOR HANDLING FOSTER CHILDREN

The Food Service office does not take applications for foster children. Please see the procedure for handling foster students below:

1. Parents must notify school of foster child/ren and prove foster status with the school.
2. School officials will enter the student into 3270 designated as foster.

Foster students will be processed as the Food Service office receives an import every night of foster students entered into the system. Verified foster students are eligible for free meals.

SUBMITTING APPLICATIONS TO FSO

- Please log applications received on the “Free/Reduced Applications Collected” sheet daily, listing the “Name of Adult Household Signature” on the numbered lines.
- Please send applications that have been received and reviewed each day along with the collection sheet for that day to Food Service, Attn: Christy Nguyen.

FREE/REDUCED APPLICATIONS COLLECTED

SCHOOL NAME: _____ DATE COLLECTED: _____

DIRECTIONS: Submit this form **daily** with all applications collected, reviewed and determined to be complete

List on the lines BELOW the "Name of Adult Household Signature" (part 6):

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
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25 _____
26 _____
27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____
35 _____

Signature of School _____
Contact: _____

NOTIFICATION LETTERS TO PARENTS

- Parents will receive a letter in the mail notifying them of their child's approved status or to indicate that their application was not approved.
- Parents of students who are automatically approved under Direct Cert will also be notified by letter of their child's status.

DAILY TRANSMISSIONS/UPDATES

- Schools must enter new/transfer students into database daily so that the demographics can be transmitted to the FSO database each night (Mon-Fri).
- Any delays may cause a student who may qualify for free/reduced meals to be charged for a full priced meal.
- Meal status changes are transmitted to the cafeteria database every night.

VERIFICATION PROCESS

- Begins October 1 – the Food Service office will notify schools of which households have been selected for verification.
- Parents will submit verification information directly to the FSO by mail/fax/email.
- Any students in households who have not submitted verification documentation by November 15th will return to full-paid status.

UNPAID MEALS PROCEDURES

- Per district policy, unpaid meal policies are determined at the school level. Schools are responsible for any remaining meal charges at the end of the year.
- Please check with your principal concerning unpaid meal procedures.

ONLINE PAYMENT SYSTEM

www.myschoolbucks.com

- Parents/guardians can create an account and link students to their account using their name and birthdate.
- This website is where guardians can add money to their child's/ren's account.

QUESTIONS?

Please contact Mary Jane Dunlop at:

Dunlopm@santarosa.k12.fl.us

850.983.5140 ext.108