



## DETERMINING APPLICATIONS FOR FREE AND REDUCED-PRICE SCHOOL MEALS:

### FEATURING NEW JERSEY EXPANDED INCOME ELIGIBILITY (NJEIE) AND ELECTRONIC APPLICATION SYSTEMS GUIDANCE FOR SY 2023-2024

NEW JERSEY DEPARTMENT OF AGRICULTURE  
DIVISION OF FOOD AND NUTRITION  
SCHOOL NUTRITION PROGRAMS 2023-2024



# AGENDA

- Determining Applications for Free and Reduced-Price School Meals
  - Importance of Accurately Determining an Application
  - Individual Roles in Determining an Application
  - Different Processes used to Determine Eligibility
  - Required Steps to Complete Paper and Electronic Applications
  - Public and Charter Schools Only - Federally Denied (Paid) and NJEIE
  - Timeframes and Important Dates
  - Resources



# IMPORTANCE OF ACCURATE DETERMINATIONS

Eligible students receive the benefits to which they are entitled

Reimbursement claims are accurate

Administrative Review (AR)-  
Performance Standard I

Independent Review

if 3% or more errors are found within applications, fiscal assessment will occur for at least the review month and the month of the day of review leading to possible fiscal action in at least the reviewed schools (sites) and possibly the entire district

If errors are found on 10% or more of applications during the AR, the SFA is required to do an independent review the following year

# INDIVIDUAL ROLES IN THE DETERMINATION PROCESS



- Determining Official (only person involved in the determination process)
- Hearing Official
- Confirming Official
- Verifying Official

# INDIVIDUAL ROLES IN THE DETERMINATION PROCESS

## DETERMINING OFFICIAL



Determining Official (DO)- the individual responsible for determining a student's eligibility for free, reduced-price, or paid school meals

- Initial person to determine application
- Ensures all sections of the application are complete and accurate
  - May contact household for clarifications, if necessary
- Marks error prone (EP)

## HEARING OFFICIAL



Hearing Official- the individual responsible for handling cases when parents/guardians appeal the eligibility determination

- Must not be part of the determination process
- Must be of higher authority than the Determining Official (Business Administrator, Superintendent, Principal)

## CONFIRMING OFFICIAL



Confirming Official (CO)- Confirms the DO's determination for selected applications for Verification

- Must be someone different from the Determining Official
- Cannot be the person who made the determination

## VERIFYING OFFICIAL



Verifying Official (VO) – The individual responsible for verifying applications for the Verification Process

Verification Process

# PROCESSES USED TO DETERMINE A STUDENT'S ELIGIBILITY FOR FREE AND REDUCED PRICE SCHOOL MEALS



- Direct Certification (DC)
- Categorically Eligible
- Household Applications
  - (Income Based - Paper/Electronic)

# DIRECT CERTIFICATION (DC)

- The process of identifying, via Electronic Matching, school aged children currently enrolled in the SFA with access to meals, who are members of households receiving assistance under NJ-SNAP, TANF or Foster Care programs
- SFA's are required to run DC minimum 4 times each school year
  - July 15th – August 30, 2023
  - September 1st – September 30, 2023
  - October 1st – October 30th, 2023
  - March 1st – March 30th, 2024
- DC students are automatically categorically eligible for free school meals
- Benefits extends to all children in a household if one member has been directly certified as SNAP or TANF.
  - The extension does not apply for Foster.
- Paper application is NOT required
- Recommend: Direct Certification webinar in SNEARS under Trainings Tab

# CATEGORICALLY ELIGIBLE

Categorically eligible includes:

```
graph LR; A[Categorically eligible includes:] --- B[Foster Child]; A --- C[Homeless, Runaway, Migrant]; A --- D[Assistance Program Participants SNAP/TANF]
```

Foster Child

Homeless, Runaway,  
Migrant

Assistance Program  
Participants  
SNAP/TANF

## CATEGORICALLY ELIGIBLE - FOSTER

- A foster child is a child whose care and placement is the responsibility of an agency that administers a State plan under Part B or E of Title IV of the Social Security Act, or a child who is formally placed with a relative or other caretaker household by a court of State child welfare agency. For CNP eligibility purposes, a foster child is considered a member of the foster parents' household if the child is placed through a formal arrangement by a court or State child welfare agency. ***Whether placed by the State child welfare agency or a court, for a child to be considered categorically eligible for free meals, the State must retain legal custody of the child.***

# CATEGORICALLY ELIGIBLE: FOSTER

RESOURCE FAMILY PARENT IDENTIFICATION LETTER

CONFIDENTIAL For Official Use Only

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
CP&P CASE ID#: \_\_\_\_\_ MEDICAID #: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

ON \_\_\_\_\_ THE ABOVE NAMED CHILD WAS PLACED IN THE DIVISION OF CHILD PROTECTION & PERMANENCY APPROVED RESOURCE FAMILY PARENT HOME OF:

PRIMARY CAREGIVER: \_\_\_\_\_  
SECONDARY CAREGIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THIS RESOURCE FAMILY PARENT IS AUTHORIZED TO:

- REGISTER THE ABOVE NAMED CHILD IN SCHOOL.
- WORK IN COOPERATION WITH SCHOOL PERSONNEL IN THEIR PROCESS OF DEVELOPING AN APPROPRIATE EDUCATIONAL PROGRAM FOR THE CHILD.
- PRESENT THIS LETTER AS DOCUMENTATION THAT THE ABOVE-NAMED CHILD IS ENTITLED TO FREE MEALS AT HIS OR HER SCHOOL WITHOUT FURTHER APPLICATION AS PER THE FEDERAL HEALTHY, HUNGER-FREE KIDS ACT OF 2010, P.L. 111-296.
- PROVIDE CONSENT TO ROUTINE MEDICAL/DENTAL/THERAPEUTIC/PHARMACY SERVICES FOR THE CHILD (WITH A VALID MEDICAID CARD), WHEN THE PARENT OR LEGAL GUARDIAN IS NOT AVAILABLE.
- PROVIDE CONSENT TO EMERGENCY MEDICAL CARE ONLY WHEN CP&P CANNOT BE CONTACTED. THE PARENT, LEGAL GUARDIAN OR CP&P PROVIDES CONSENT FOR EMERGENCY MEDICAL CARE. THE RESOURCE PARENT MAY CONSENT TO EMERGENCY CARE ONLY WHEN IMMEDIATE CONSENT IS ESSENTIAL AND CP&P CANNOT BE CONTACTED WITHIN THE TIME AVAILABLE. CP&P MUST BE NOTIFIED AS SOON AS POSSIBLE.
- OBTAIN OTHER SOCIAL SERVICES AS REQUIRED FOR THE CHILD.

NOTICE  
ANY INDIVIDUAL WHO HAS QUESTIONS ABOUT THE IDENTITY OF THE BEARER OF THIS LETTER OR THE CHILD WHOM HE/SHE REPRESENTS SHOULD CONTACT THE CP&P LOCAL OFFICE.

Local Office Manager/Designee Signature \_\_\_\_\_ Local Phone #: \_\_\_\_\_  
Local Office Manager/Designee Name \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Notary Public of New Jersey)

VALID FOR TWELVE MONTHS FROM DATE NOTARIZED

- Foster children are Categorically Eligible for free meals when:
  - Documentation or Letter from:
    - Court, State or Local Agency
    - Department of Children and Families (DCF)
      - Resource Family Parent Identification Letter (DCF 5-49)
  - Foster Box checked on paper application

# CATEGORICALLY ELIGIBLE: HOMELESS OR RUNAWAY

A homeless child is defined as a child identified as lacking a fixed, regular and adequate nighttime residence, as specified under section 725(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C 11434a(2)) by the SFA's homeless liaison or director of a homeless shelter

A runaway child is defined as a child identified as a runaway receiving assistance under a program under the Runaway and Homeless Youth Act (42 U.S.C. 5701 et seq.) by the SFA's homeless liaison



## CATEGORICALLY ELIGIBLE: MIGRANT

- The Migrant Education Program (MEP) provides services to children who have moved across school district lines, within the last three years, in order to accompany or join a parent or guardian who seeks or obtains temporary or seasonal work in agriculture or fishing.



## CATEGORICALLY ELIGIBLE: ASSISTANCE PROGRAM PARTICIPANTS (SNAP/TANF )

- Households that receive SNAP or TANF are Categorically Eligible for free meals if:
  - The application contains a case number (for any household member) provided in the correct format
  - A SNAP eligibility letter by the state or local agency is provided
- Categorical Eligibility extends to all children in the household

# CATEGORICALLY ELIGIBLE: ASSISTANCE PROGRAM PARTICIPANT SNAP/TANF

## Examples:

C123456789

I23456789

I23456

- In **New Jersey**, the case number begins with "C", "S", or "G" followed by six numeric characters and ending with a three-digit county code. For example, a three-digit county would begin with 001 for Atlantic County and 021 for Warren. Parents and guardians often do not include the county code, making it feasible that a six-digit numeric code would still be valid. The alpha code at the beginning can be optional.
- Determining Official does NOT have to validate that the household is receiving benefits
- Please contact the NJ Department of Human Services if you have specific questions regarding the correct case number format



# P-EBT IS NOT CATEGORICALLY ELIGIBLE



- The Families First Coronavirus Response Act (FFRA) (P.L. 116-127) included authorization for a program called Pandemic EBT (P-EBT) that seeks to address food insecurity by allowing a state to provide food assistance benefits to help students during extended school closures
- The format for the P-EBT case number will begin the letter “P” followed by six digits and ending with the three-digit county code
- **P-EBT Case number does NOT make the household Categorically Eligible**
- If a case number, written on a school meals application, begins with the letter “P”, the Determining Official should call the household for clarity
- The household will need to provide a valid NJ SNAP/TANF Case Number, if applicable, or provide income information on the application

# WHICH CASE NUMBER IS IN THE CORRECT FORMAT?

S26836400 I

S268364

268364

2636400 I

A.  
All The  
Above

B.  
Green, Blue,  
Red

C.  
Green, Blue  
Orange

# TRUE OR FALSE?

Students that identify as Migrant (Migrant Worker), Homeless, or Runaway **do not** require any documentation to qualify as Categorically Eligible for Free Meals?

# APPLICATION FOR FREE AND REDUCED PRICE MEALS - ELECTRONIC/ONLINE

- Electronic Application System determines an application
- Determining Official needs to **validate** electronic determination
  - Document and date
- Must be approved by State Agency annually for content
  - SFA is responsible for software meeting all regulatory and policy requirements
  - E-mail Jackie Bricker ([Jacqueline.Bricker@ag.nj.gov](mailto:Jacqueline.Bricker@ag.nj.gov))
- SFA must have Paper Application Available
- [Electronic Application System Video](#)  
<https://www.youtube.com/watch?v=NidrIjwZ6Oc>



# APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS - PAPER APPLICATION

- Located in the Reports Tab of the SNEARS Annual Application Packet
- Ways for Parents to Access:
  - SFA can send the paper application home
  - SFA can post on the district website for parents to print
- A hard copy must be made available for parents/guardians to access

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

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**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 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	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		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"/>
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	\$		<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

**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**

**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) \_\_\_\_\_

Return completed form to your child's school.

# REQUIRED STEPS: HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO GRADE 12

## Paper Application

**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

## Electronic Application

List the names of the students in your household that attend school in Applewood School District and are applying for school meal benefits.

Let's talk about the other kids in the house, and then we'll move on to the adults. Other than Dianne (jps, grade 5), are there any other children in your household? Don't forget to include:

- students that are in grade 12 or below and attend school in a school district other than Applewood School District
- children that attend day care or pre-school, or are not of school age, including infants
- anyone 18 years of age or younger living in your household that does not currently attend school

### Student

First name required

Middle name

Last name required

Suffix (e.g. Jr., Sr., I, II, III)

School

Grade

[Remove Student](#)

[+ Add another student](#)

[Back](#) [Continue](#)

### Child

First name required

Middle name

Last name required

Suffix (e.g. Jr., Sr., I, II, III)

Foster child

[Remove Child](#)

[+ Add another child](#)

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# REQUIRED STEPS: FOSTER, MIGRANT, RUNAWAY, & HOMELESS

## Electronic Application

## Paper Application

	Foster Child	Migrant	Runaway	Homeless
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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

Does Child live with you under a formal (court-ordered) foster care arrangement?

Yes  
 No

Does Child receive assistance under the McKinney-Vento Homeless Assistance Act?

If not, but your household lacks a permanent address, or stays together in a shelter, hotel, or other temporary housing arrangement, contact Applewood School District for help.

Yes  
 No

Does Child participate in the Migrant Education Program (MEP)?

If not, but you moved your household into a different school district within the last three years to gain or look for temporary/seasonal work in agriculture or fishing, contact Applewood School District for help.

Yes  
 No

Does Child participate in a program under the Runaway and Homeless Youth Act?

If not, but he/she chose to leave his/her prior family or household, contact Applewood School District for help.

Yes  
 No

# REQUIRED STEPS: PARTICIPATION IN ASSISTANCE PROGRAMS (IF APPLICABLE)

## Paper Application

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

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.

## Electronic Application

If anyone in your household participates in [SNAP](#) <sup>?</sup>, [TANF](#) <sup>?</sup>, or [FDPIR](#) <sup>?</sup> then Child is eligible for free school meals.

A household is defined as a group of people, related or unrelated, that usually live together and share income and expenses.

This includes grandparents or other extended family members that are living with you. It also includes people that are not currently living with you, but are only away on a temporary basis, like kids that are away at college. It includes people regardless of age or whether they earn or receive income.

If you need more detailed information, see the 'WHO SHOULD I INCLUDE IN MY HOUSEHOLD?' question in Help.

**If anyone in your household (including you) currently participates in any of the following programs, please select one or more of the checkboxes below. If not, press continue.**

Supplemental Nutrition Assistance Program (SNAP)

Case number

Temporary Assistance for Needy Families (TANF)

Case number

Food Distribution Program on Indian Reservations (FDPIR)

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# REQUIRED STEPS: CHILD INCOME (IF APPLICABLE)

## Paper Application

### 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?										
\$ <input type="text"/>	<table><tr><td>Weekly</td><td>Every 2 Weeks</td><td>2x Month</td><td>Monthly</td><td>Annual</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="radio"/>				
Weekly	Every 2 Weeks	2x Month	Monthly	Annual							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

## Electronic Application

The next few questions are about your child's income [?](#).

Some common sources of income for children are:

- a full-time or part-time job,
- Supplemental Security Income (**SSI**) [?](#), if the child is disabled, **Social Security** [?](#) benefits for children of a disabled, retired, or deceased parent,
- money regularly received from extended family or friends outside the household, or
- money from a **pension** [?](#), **annuity** [?](#), or **trust** [?](#)

Do not include infrequent earnings, such as income from occasional baby-sitting or mowing lawns.

**Does Child have income from any of these, or any other, sources?**

- Yes  
 No

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# REQUIRED STEPS: ADULT HOUSEHOLD MEMBERS

## Paper Application

Name of Adult Household Members (First and Last)


## Electronic Application

**Adult**

**First name** *required*

**Middle name**

**Last name** *required*

**Suffix (e.g. Jr., Sr., I, II, III)**

**Remove Adult**

**+ Add another adult**

**Back** **Continue**

# REQUIRED STEPS: ADULT HOUSEHOLD INCOME

## Paper Application

Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		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"/>				
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## Electronic Application

Does Adult have income from the following sources?

NOTE: Remember to report current gross income.

**Salary / Wages**

Yes  
 No

\$  frequency...

**Unemployment benefits**

Yes  
 No

**Worker's compensation**

Yes  
 No

**Strike benefits**

Yes  
 No

**Social Security Disability Insurance (SSDI)**

Yes  
 No

\$  frequency...

**Veteran's benefits**

Yes  
 No

**Alimony**

Yes  
 No

\$  frequency...

**Child support**

Yes  
 No

\$  frequency...

**Supplemental Security Income (SSI)**

Yes  
 No

\$  frequency...

**Cash assistance from state or local government (including housing subsidies)**

Yes  
 No

\$  frequency...

**Social Security (including survivor benefits, Black Lung benefits, and Railroad Retirement)**

Yes  
 No

**Pension**

Yes  
 No

\$  frequency...

# REQUIRED STEPS: LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

## Paper Application

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Check if no Social Security Number <input type="checkbox"/>
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## Electronic Application

Please provide the last four digits of the Social Security number for the person that signed at the beginning of the application (**Adult Household Member**). If that person does not have a Social Security number, please check the box below labeled 'No SSN.'

<input type="text" value="xxxx"/>
<input type="checkbox"/> No SSN

Note: United States citizenship or immigration status is not a condition of eligibility for free and reduced price benefits. The non-cash benefits received through the school meal programs are not subject to public charge consideration. In other words, you will not be deported, denied entry to the country, or denied permanent status because you apply for or receive school meal benefits.

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# REQUIRED STEPS: HOUSEHOLD SIZE

## Paper Application

Total Household Members (Children and Adults)

## Electronic Application

- May automatically count names listed on application for total household size
- **OR** -
- May prompt applicant to enter household size

# REQUIRED STEPS: ADULT SIGNATURE

## Paper Application

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date

## Electronic Application

I certify\* that **2 PEOPLE** are in my household and that our household income is about **\$958 PER MONTH**

*"I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits. Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal law.*

[Back](#) [Submit](#)

**I certify (promise)...**

that all information on this application is true and that all income is reported.

I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits.

Enter the name of the adult household member completing the application.

First name required

Middle name

Last name required

Suffix (e.g. Jr., Sr., I, II, III)

Today's date

"Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal law."

# CONTACT INFORMATION

## Paper Application

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if available)	City	State	Zip
<input type="text"/>	<input type="text"/>		
Phone (optional)	Email (optional)		

## Electronic Application

### Contact Info

Please enter your contact information so that we can reach you in case there are any issues with your application. This information is optional, but we strongly encourage you to provide it.

Phone number

Email

Street address 1

Street address 2

City  State

ZIP

# OPTIONAL STEP: CHILDREN'S RACIAL AND ETHNIC IDENTITIES

## Paper Application

**OPTIONAL** Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

## Electronic Application

This is an optional question for information we collect about students that attend school in Applewood School District.

We are required to ask for information about the race and ethnicity of the students that are applying for the program.

This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

### Child

#### Ethnicity

- Hispanic or Latino  
 Non Hispanic or Latino

#### Race

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Clear

Back

Continue

# REQUIRED STATEMENTS: PRIVACY AND USDA NON-DISCRIMINATION STATEMENT

## Electronic Application

## Paper Application

This section must be included and not omitted. Must remain in the original font.

**Use of Information Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

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: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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:**

*MAIL:	U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	FAX:	(833) 256-1665 or (202) 690-7442; or	<b>*Do not mail applications to this address, only complaints of discrimination.</b>
		EMAIL:	<a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>	

**Legal Statements**

Almost done! Please read and acknowledge the following legal statements.

**Use of Information Statement**

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 submit all needed information, 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules.

**USDA 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](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: (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 section must be included and not omitted.

# DETERMINE ELIGIBILITY FOR SPECIAL SITUATIONS

- Seasonal Workers and Self-Employed Persons - allowed to report annual income
- Applications with Different Eligibility Types – application includes both foster child(ren) and non-foster child(ren)

# SPECIAL SITUATIONS, CONTINUED

- Household of One
  - Emancipated Child
    - No Social Security Number is required
    - Signature **is** required
  - Institutionalized Child

# CARRY OVER

- If no application is received, the previous year's benefits can be carried over up to 30 operating days (beginning with the first operating day of school) into the current school year or until a new eligibility determination is made
- The new eligibility supersedes the carryover eligibility



# ENSURE THE APPLICATION IS COMPLETE

## 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
S a r a h		S m i t h	0 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J o h n		S m i t h		<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"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**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.
 
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 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	How often received?		
		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month		Monthly	Weekly	Every 2 Weeks
James Smith	\$ 400	<input checked="" 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"/>
Tracy Smith	\$ 300	<input checked="" 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

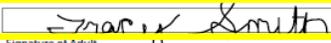
Please see application's back for list of income sources.

**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 \$   Weekly  Every 2 Weeks  2x Month  Monthly  Annual

**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)

Return completed form to your child's school.

**FEDERAL INCOME ELIGIBILITY GUIDELINES**

**July 1, 2023 – June 30, 2024**

(As announced by the United States Department of Agriculture)

	FREE MEALS OR MILK						REDUCED PRICE MEALS				
HOUSE-HOLD SIZE	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	HOUSE-HOLD SIZE	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068
5	45,682	3,807	1,904	1,757	879	5	65,009	5,418	2,709	2,501	1,251
6	52,364	4,364	2,182	2,014	1,007	6	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	7	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	8	93,536	7,795	3,898	3,598	1,799
Each Additional Household Member	6,682	557	279	257	129	Each Additional Household Member	9,509	793	397	366	183

When all income is reported with the same frequency i.e., all reported as weekly (W), every 2 weeks (2W), monthly (M), or twice a month (2M), total the income and the number of household members and compare it to this chart. **Cannot annualize if all income reported is the same frequency.**

When income is reported with different frequencies, annualize the number, total the income and the number of household members and compare it to the annual income column on this chart.

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, and Monthly x 12

**DETERMINE  
ELIGIBILITY  
USING THE  
FEDERAL  
INCOME  
GUIDELINES**

# REQUIRED SECTION FOR THE DETERMINING OFFICIAL

**DO NOT FILL OUT** For school use only.

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility	Eligibility		
	Weekly	Every 2 Weeks	2xMonth	Monthly	Annual			Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Verification Process

# DETERMINE IF APPLICATION IS ERROR PRONE FROM THE FEDERAL GUIDELINES

- Error Prone guidelines from the Income Eligibility Chart:
  - Weekly: \$0 - \$25 below the free or reduced-price income eligibility limit
  - Every two weeks: \$0 - \$50 below the free or reduced-price income eligibility limit
  - Twice a month: \$0-\$50 below the free or reduced-price income eligibility limit
  - Monthly: \$0-\$100 below the free or reduced-price income eligibility limit
  - Annually: \$0-\$1200 below the free or reduced-price income eligibility limit
- Mark “EP” to indicate Error Prone on the Application
- Error Prone Applications will become part of the sample size for Verification

# COMMON ELECTRONIC APPLICATION ERRORS

A non-adult (student) Signature is provided instead of an Adult Signature

No pending period for Homeless, Migrant, Runaway or Case Number status

## Common Errors on Electronic Applications

Household members with duplicate names counted as part of the household size

Total Number of child and adult names provided does not match household size entered

# COMMON PAPER APPLICATION ERRORS

Missing Adult Signature

Missing Last Four Digit of Social Security Number

**Common Errors on Paper Applications**

Incorrect Format of Case Number

Names of Children Entered in Adult Household Member Section

# QUESTIONABLE OR INCOMPLETE APPLICATION

- Inconsistencies, questionable, or incomplete information must be resolved
- Contact household to clarify any questionable or incomplete information
- Household contacts must be documented, dated and initialed on the application
  - Remember the DO is responsible to explain any questionable determinations or information on an application
  - Keep a “Trail of Communication”- document and retain
  - Letter to Notify Household of Incomplete Applications (Form 64)



# FEDERAL DENIED (PAID) APPLICATION



## **Application must be denied when:**

- It is over the Federal Income Eligibility Guidelines
- It is incomplete
- Discrepancies exist and/or questionable information is not resolved

PUBLIC AND CHARTER  
SCHOOLS ONLY:

NEW JERSEY  
EXPANDED INCOME  
ELIGIBILITY (NJEIE)!

# REMINDER FOR REDUCED- PRICE ELIGIBLE STUDENTS

- New Jersey Statutes 18A:33-21.1 requiring the State to pay the difference between the federal allocation for reduced price breakfasts and reduced-price lunches served to public school students who are federally eligible for reduced price meals is still in effect.
- **All public/charter school students determined as reduced price eligible will continue to receive breakfast and lunch meals at no cost to the student.**
- SFAs must continue to maintain the total number of reduced-price eligible students, the number of reduced-price breakfasts and lunches claimed, and all internal recordkeeping practices related to the reduced-price category.

# DETERMINE ELIGIBILITY: FEDERALLY DENIED/PAID AND NJEIE

- Public and Charter school students with an income between 186 and 199 percent, will qualify for the New Jersey Expanded Income Eligible (NJEIE) State Supplement and will receive meals at no cost.
- Students who qualify for NJEIE categorize as Federal Paid and NJEIE (NEW)
- Two Step Determination Process:
  - Step 1: Determine the household as Federal Denied due to income exceeding Federal Income Guidelines
  - Step 2: Determine all the Federal Paid/ Denied applications for NJEIE by using the New Jersey Expanded Income Guidelines

# OVERVIEW OF THE FEDERAL AND STATE ELIGIBILITY CATEGORIES

**Federally Free Eligible**  
(household income at or below 130% of federal poverty level)

**Federally Reduced Price Eligible**  
(household income between 130% and 185% of federal poverty level )

**Federally Denied (Paid)** (household income above 185%)

**NEW!!**   
**Federally Denied (Paid) and NJEIE** (New Jersey State supplement for household income between 186% and 199% of the federal poverty level)

# NJ EXPANDED INCOME ELIGIBILITY (NJEIE) GUIDELINES SY 2023-2024

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	29,015	2,418	1,209	1,116	558
2	39,243	3,271	1,636	1,510	755
3	49,472	4,123	2,062	1,903	952
4	59,700	4,975	2,488	2,297	1,149
5	69,929	5,828	2,914	2,690	1,345
6	80,158	6,680	3,340	3,083	1,542
7	90,386	7,533	3,767	3,477	1,739
8	100,615	8,385	4,193	3,870	1,935
<b>For Each Additional Household Member</b>					
Add:	10,229	853	427	394	197

# DOCUMENT NJEIE ELIGIBILITY ON THE APPLICATION

## Federal Income Eligibility

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

## If Federal Denied: Eligible for NJEIE?

Yes

No

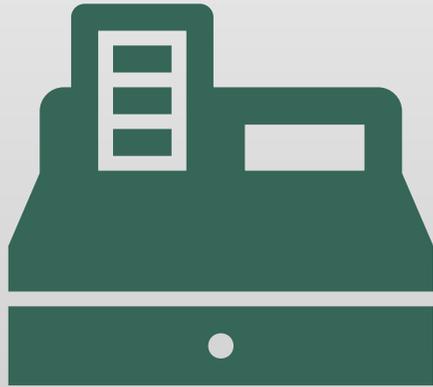
REQUIRED

Verifying Official's Signature

Date



# UPDATE POINT OF SERVICE (POS)



Students who **ARE** free of charge:

- Federal Free
- Federal Reduced-Price
- Federal Paid (Denied) **and** New Jersey Expanded Income Eligible (NJEIE)

Students who are **NOT** free of charge:

- Federal Paid (Denied) **only**



School Nutrition Programs - Reimbursement Application

My Account

Claims Summary | Reports | Resources

Select SFA

Site Voucher Details For SOVEREIGN AVE - SSO/COVID-19

ANY TOWN BD OF ED - 01018888

Claim For: **SEPTEMBER - 2022** (Voucher Number: 1)

Sponsor Voucher Status: **Needs to be Submitted**

Field Legend

Non Participating:

Non Editable:

Students Not Receiving a Meal because of Unpaid Meal Charges

Number of students not receiving a meal because of unpaid meal charges

Section 1: Number of Students Eligible/Approved for Meal/Milk Benefits Report the number of students with access to EITHER LUNCH OR BREAKFAST, whichever number is higher. Do NOT report the sum of breakfast and lunch participants.

Category	Lunch/Breakfast *	Regular After School Snack	Special Milk
Federal Free	<input type="text" value="500"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Federal Reduced Price	<input type="text" value="200"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Federal Paid (Denied) <small>(include NJEIE Students)</small>	<input type="text" value="400"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
NJ Expanded Income Eligible (NJEIE)	<input type="text" value="100"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Section 2: Enter Participation Data for Month

	National School Lunch	School Breakfast		After School Snack	
		Regular	Severe Need	Regular	Area Eligible
Meal Service Days	<input type="text" value="20"/>	<input type="text" value="0"/>	<input type="text" value="20"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Average Daily Attendance	<input type="text" value="1000"/>	<input type="text" value="0"/>	<input type="text" value="1000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Enrollment	<input type="text" value="1150"/>	<input type="text" value="0"/>	<input type="text" value="1150"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Section 3: Special Milk Program

#1/2 Pints Milk Purchased	Total Cost Of Milk (Round to whole dollars)	#1/2 Pints of Carry over Milk from Prior Month
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Section 4: Report Number of Meals/Milk claimed for the Month

	National School Lunch	School Breakfast		After School Snack		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Federal Free	<input type="text" value="9000"/>	<input type="text" value="0"/>	<input type="text" value="8000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Federal Reduced	<input type="text" value="3200"/>	<input type="text" value="0"/>	<input type="text" value="2500"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Federal Paid (Denied) <small>(include NJEIE Meals)</small>	<input type="text" value="7000"/>	<input type="text" value="0"/>	<input type="text" value="5000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="19200"/>	<input type="text" value="0"/>	<input type="text" value="15500"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

NJ Expanded Income State Supplement. (Out of the Federal Paid meals in section 4, report the number of meals that qualify for NJEIE state supplements).

NJEIE State Supplement - Lunch	<input type="text" value="1000"/>
NJEIE State Supplement - Breakfast	<input type="text" value="1100"/>

Save

Submit Site Voucher

Back to Sponsor Voucher Summary

ACCURATELY  
CLAIM NJEIE  
MEALS IN  
REIMBURSEMENT  
VOUCHER

**Public and charter schools  
that participate in the  
National School Lunch  
Program and School  
Breakfast Program**

**The Right to Decline NJEIE  
Benefits**

**NJEIE  
Applies to:**

**Carry-Over**

**Non-Discrimination Policy**

**Area Eligibility in the School Nutrition Programs, Child and Adult Care Food Program, or Summer Food Service Program**

**Verification**

**NJEIE Does Not Apply to:**

**Error Prone**

**Nonparticipating Schools, Afterschool Snack Program or the Special Milk Program**

# ADDITIONAL INFORMATION

- NJEIE Applications will be subject to testing by Independent Auditors
- The definition of “at-risk pupils” has not changed for ASSA data collection purposes. SFAs should only report students as at-risk if the household income is at or below 185 percent of the federal poverty guidelines.
- NJSMART’s Free and Reduced Rate Lunch Status data element will be expanded to include *students not eligible on the federal level, but state qualified as free* for non-CEP districts beginning in the 2023 – 2024 School Year.
- SFAs are responsible for accurate recordkeeping and compliance with NJ State law regulations.

# TRUE OR FALSE?

New Jersey's Working-Class Families' Anti-Hunger Act Law applies only to Public and Charter school students?



WELCOME  
BACK,  
NONPUBLIC  
SCHOOLS!!



# TIMEFRAMES AND IMPORTANT DATES

## **SNEARS Application Packet (opens July 5<sup>th</sup>)**

- SFA Details
- User Management
- Letter to Parent
- The Application for Free and Reduced Price School Meals and the NJEIE Income Guidelines are available under the Reports tab in SNEARS once the Letter to Parent is approved
- First Round of Direct Certification - July 15<sup>th</sup> - August 30<sup>th</sup>
- Eligibility determinations are valid for the entire school year

# SHARING INFORMATION WITH MEDICAID

- SFA's must send the Sharing Information with Medicaid or NJ FamilyCare Form to all households with the application packet
- Available in SNEARS Resources and Reports link with the application packet:
  - Form #121 English
  - Form #121S Spanish
- Returned Form mean DO NOT want information shared
- SFA's must keep these forms on file



## SHARING INFORMATION WITH OTHER PROGRAMS

### Consent NOT Needed

- Aggregate Data Information (statistical)
- “Need to Know” for other Federal/State programs

### Consent Needed

- Non-Custodial Parent
- For Specific Organizations
- Use Sharing Information with Other Programs Form to get consent (Form #124-available in English and Spanish)
- Obtain consent annually

\* Refer to USDA Eligibility Manual Section 5 pages 83-95 for full guidance.

# HOUSEHOLD NOTIFICATIONS

## LETTER TO NOTIFY HOUSEHOLD OF ELIGIBILITY

Dear Parent or Guardian:

Date:

Your Application for Free and Reduced-Price School Meals has been reviewed with the following results. Effective {date}, your child(ren) {name of child(ren)} is/are:

**Approved for Meals/Milk at No-Cost to the Household**

Federally Free Eligible

Federally Reduced Price Eligible\*

Federally Denied and NJ Expanded Income Eligible (NJEIE)\*\*

\*All students determined as reduced price eligible at a public/charter school in NJ will receive breakfast and lunch meals at no cost to the student under New Jersey Statute 18A:33-21.1. The cost for [After School Snack](#) is { $\$$ }.

\*\*All students determined as NJEIE at a public/charter school in NJ will receive breakfast and lunch meals at no cost to the student under the Working-Class Families Anti-Hunger Act. Since NJEIE does not cover the cost of the After School Snack Program, the cost for the After School Snack is { $\$$ }. NJEIE does not automatically qualify your child(ren) for other federal benefits such as P-EBT.

**Federally Paid (Denied)**

Your application is still incomplete.

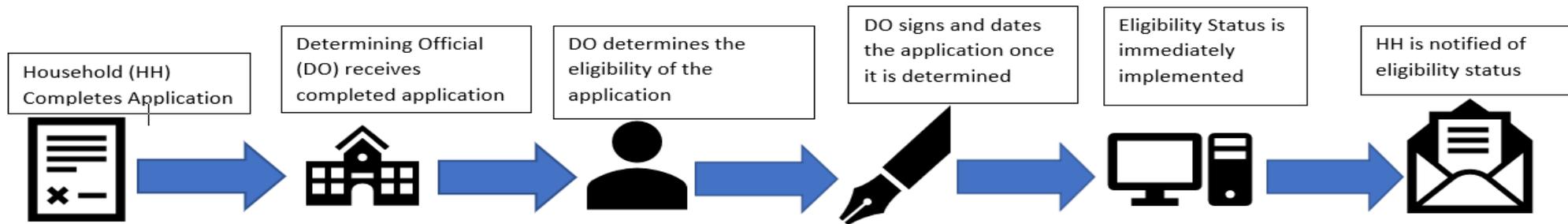
Total household income exceeds the federal and state income eligibility guidelines. Your cost is:

- SFAs can send the Letter To Notify Household of Eligibility (Form #424 for public/charter and Form # 70 for Nonpublic) to all households who have applied for Free and Reduced-Price School Meals
- Available in both English and Spanish
- Household notifications must be:
  - Written
  - Email
  - Automated notification system

FORM 424 PUBLIC/CHARTER SCHOOLS ONLY

# TIMEFRAMES AND IMPORTANT DATES

## APPLICATION PROCESS TIMEFRAME



**WITHIN TEN OPERATING DAYS OF  
RECEIPT OF THE APPLICATION**

# FLEXIBILITY ON THE EFFECTIVE DATE OF ELIGIBILITY

- Eligibility is established when the application is processed
- Flexibility – establish the date of submission of a complete application as the effective date of eligibility
- Application flexibility MUST be used in all schools throughout the district
- Must have a process in place to document the date the application was received (date stamp)
- Must discharge debt or refund any paid by or on behalf of the child in the time period between submission and processing of the application in order to claim meals at the new eligibility status during that time.
- Update meal counting and claiming procedures to reflect flexibility being used in the district
- Requires prior approval by the State Agency
- E-mail Jackie Bricker (Jacqueline.Bricker@ag.nj.gov)

# TRUE OR FALSE

- An electronic application system must make a determination and notify the household instantly after the household applies for Free/reduced-price meals?

# WHAT IS YOUR CONFIDENCE LEVEL IN SUCCESSFULLY DETERMINING AN APPLICATION?

A. Expert Lifeguard

B. Intermediate Regular Swimmer

C. Novice Drowning



# IMPORTANT RESOURCES

- **USDA Eligibility Manual for School Meals**

- Section 2: The Basis of Eligibility pg. 23-33
- SNEARS: Resources Tab
- NJDA Forms Website
- A-Z References of Determining Eligibility for Free and Reduced-Price Applications for Free Meals Form #393

- **2023-2024 Federal Income Eligibility Guidelines and 2023-2024 New Jersey Expanded Income Eligibility (NJEIE) Guidelines (NEW!)**

- SNEARS: Application Packet Reports
- NJDA Forms Website <http://www.nj.gov/agriculture/applic/forms/>

- **Translated Application Prototype**

- USDA FNS Website
- NJDA Forms Website
- <https://www.fns.usda.gov/school-meals/translated-applications>

## Eligibility Manual for School Meals Determining and Verifying Eligibility



**USDA** USDA Food and Nutrition Services  
Child Nutrition Programs

July 18, 2017

# ELECTRONIC APPLICATION RESOURCES



## Electronic Application System Video

- <https://www.youtube.com/watch?v=NidrIJwZ6Oc>

## Web Prototype

- <https://www.fns.usda.gov/cn/usda-school-meals-prototype-application-disclaimer>

# LIVE DETERMINING OFFICIAL TRAININGS



- **Thursday, August 10<sup>th</sup>** at 10am - Eco Complex 1200: Florence Columbus Rd, Bordentown
- **Tuesday, August 15<sup>th</sup>** at 10am – Alder Ave Middle School 25 Alder Ave Egg Harbor Township
- **Wednesday, August 16<sup>th</sup>** at 10am – Educational Services Commission: 1660 Stelton Road Piscataway
- **Tuesday, August 22** at 10am – Passaic County Technical Institute: 45 Reinhardt Road Wayne

# QUESTIONS:

**CONTACT THE SCHOOL NUTRITION PROGRAMS STAFF  
AT 609-984-0693 WITH PROGRAM RELATED QUESTIONS**

**OR**

**EMAIL US:**

**GENEL.COOK-WRIGHT@AG.NJ.GOV**

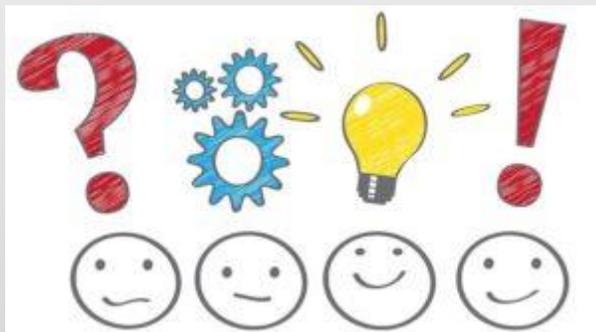
**DIANNE.KENNEDY@AG.NJ.GOV**

**LAUREN.RENN@AG.NJ.GOV**

**CORINNE.SANTOS-HERNANDEZ@AG.NJ.GOV**

**QUESTIONS ABOUT NJSMART?**

**E-MAIL: NJSMART@PCGUS.COM**



**Thank You for Attending the Determining Eligibility for Free & Reduced-Price School Meals:  
Application Training For School Personnel**

**Certificate of Attendance**

**Participant Name:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

This training will count toward 3 hours of professional standards training

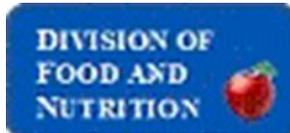
**Key Area: Administration**

**Learning Topic: Free and Reduced-Price Meal Benefits**

**Topic Code: 3110 – Certification and Benefit Issuance**

**NJ Department of Agriculture  
School Nutrition Programs  
609-984-0693**

**[www.nj.gov/agriculture](http://www.nj.gov/agriculture)**



**This institution is an equal opportunity provider.**

