

DETERMINING ELIGIBILITY FOR FREE & REDUCED PRICE APPLICATIONS FOR SCHOOL MEALS

New Jersey Department of Agriculture
Division of Food and Nutrition
School Nutrition Programs
2020-2021



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OBJECTIVES

- ✓ *Why:* To recognize the importance of accurate eligibility determinations
- ✓ *Who:* To identify who in the SFA is involved in the determination process
- ✓ *What:* To identify the processes used to determine a student's eligibility for free and reduced price school meals
- ✓ *How:* To provide an overview of each section of the paper application and provide instructions & requirements for completion
- ✓ *When:* To highlight important dates and timeframes in the process

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NEW

**NEW JERSEY REQUIREMENT
A-1104 A1104
"HUNGER-FREE STUDENTS' BILL OF RIGHTS ACT"**

- Under the provisions of the bill, at the beginning of each school year, and upon initial enrollment in the case of a student enrolling during the school year, a school district must provide to the parent or guardian of each student:
 - Information on the rights of students under the provisions of this bill and under section 1 of P.L.2015, c.15 (C.18A:33-21), regarding the protocol which must be followed by a district in order to deny a student a school meal when a school meal bill is in arrears.
 - Information on the National School Lunch Program and the federal School Breakfast Program;
 - An application to apply for the school lunch and school breakfast programs and instructions for completing the application; and
 - The bill provides that a school district liaison for the education of homeless children must coordinate with school district personnel to ensure that a homeless student receives free school meals and is monitored according to the school district's policies.

https://www.njleg.state.nj.us/2020/Bills/A1500/1104_11.HTM

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NEW

**NJ SENATE BILL 4200
REDUCED PRICE ELIGIBLE STUDENTS**

- **Public and Public Charter SFAs**
 - Effective July 1st, all students determined as reduced price eligible will 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
 - Internal recordkeeping practices related to the reduced price category

https://www.njleg.state.nj.us/2018/Bills/S4500/4200_11.HTM

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IMPORTANCE OF ACCURATE DETERMINATIONS

- Eligible students receive the benefits to which they are entitled
- Reimbursement claims are accurate
- Administrative Review (AR)- Performance Standard I
 - 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
- Independent Review
 - 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



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IMPORTANT RESOURCES WHEN DETERMINING APPLICATIONS

- **[USDA Eligibility Manual for School Meals](#)**
- **[A-Z References of Determining Eligibility for Free and Reduced Price Applications for Free Meals Form #393](#)**
 - Table of contents page of the USDA Eligibility Manual for School Meals June 17, 2017
- **[2020-2021 Income Eligibility Guidelines](#)**
- **[Translated Application Prototype \(For Limited English Proficiency\)](#)**

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WHO?



- Determining Official
- Hearing Official
- Confirming Official
- Verifying Official



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WHO?

- **Determining Official (DO)**- the individual responsible for determining a student's eligibility for free, reduced, or paid benefits
 - Initial person to determine application
 - Ensures all sections are **complete & accurate**; may contact household for clarifications, if necessary
 - Determines eligibility (Free, Reduced, Denied); Marks error prone (EP), if applicable
- **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 (i.e. Business Administrator, Superintendent, Principal, Executive Director)

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WHO?

- **Confirming Official-**
 - Must be someone different than Determining Official; Cannot be person who made initial determination
 - Checking the Determining Official's work
 - Validate selected application determinations as error prone
- **Verifying Official-**
 - The individual responsible for the verification process
- **Recommend: Register for Verification Webinar**

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WHAT?

- Processes used in determining a student's eligibility for free or reduced price school meals:
 - 1.) Direct Certification = *Free Eligibility*
 - 2.) Categorically Eligible = *Free Eligibility*
 - 3.) Household Income Applications (paper/online) = *Free/Reduced/Paid Eligibility*

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CATEGORICALLY ELIGIBLE

- Students that are categorically eligible also receive free meals.

Categorically eligible includes:

-Foster-

-Homeless, Runaway, Migrant-

-Assistance Program Participants SNAP/TANF-

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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, in order for a child to be considered categorically eligible for free meals, **the State must retain legal custody of the child**.

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CATEGORICALLY ELIGIBLE: FOSTER

- Foster children are automatically approved for free meals with...
 - 1.) Documentation or Letter from:
 - State or Local Welfare Agency or Court
 - Department of Children and Families (DCF)
 - Resource Family Parent Identification Letter (DCF 5-49)
 - 2.) Foster Box checked on paper application

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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

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CATEGORICALLY ELIGIBLE: HOMELESS OR RUNAWAY

- Homeless or Runaway children are automatically approved for free meals with...

1.) Documentation or Letter from:

- SFA Homeless Liaison
- Director of Homeless Shelter

2.) Documentation for Homeless and Runaway Students NJDA Form #146A

Homeless and runaway children remain eligible for free meals for the duration of the current school year regardless of a change in their living situation and up to 30 days into the subsequent school year due to the yearlong eligibility requirement [7 CFR 245.6 (c)(1)].

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CATEGORICALLY ELIGIBLE: MIGRANT

- A **migrant child** is a child who is enrolled in the Migrant Education Program as determined by the State or local Migrant Education Program coordinator or as documented by an appropriate local educational agency official, such as the homeless liaison.

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CATEGORICALLY ELIGIBLE: MIGRANT

- Migrant children are also automatically approved for free meals with...
- Documentation or Letter from:
 - 1.) Migrant Education Program (MEP) Coordinator or Director
 - (856) 468-6530 Ext: 1055 (South)
 - (973) 405-6262 Ext: 230 (North)
 - 2.) SFA Liaison
 - *Documentation for Migrant Students NJDA Form #146B*

A child in the MEP is eligible for free meals for the duration of the current school year regardless of a change in circumstance and up to 30 days into the subsequent school year due to the yearlong eligibility requirement [7 CFR 245.6 (c)(1)].

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CATEGORICALLY ELIGIBLE: ASSISTANCE PROGRAM PARTICIPANTS SNAP/TANF

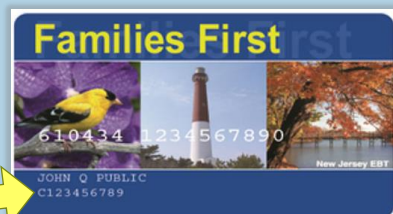
- Households that receive SNAP or TANF are automatically approved for free meals with...
 - 1.) A case number with the correct format of any household member on an application
 - 2.) A SNAP eligibility letter by the state or local agency

*** Eligibility extends to all children in the household***

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SNAP/TANF CASE NUMBER

- 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.
- Reminder: Correct format case numbers do not have to be confirmed by NJDHS or by another means
- Please contact the NJ Department of Human Services if you have specific questions regarding the correct case number format



Examples:

C123456789

123456789

123456

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P-EBT

*****NEW*****

- 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 be the letter **"P"** followed by six digits and ending with the three digit county code.
- If a case number beginning with the letter **"P"** is written on a schools meals application, it **does NOT confer categorical eligibility**
 - The household will need to provide a valid NJ SNAP/TANF Case Number if they are receiving benefits, or provide income information on the application.



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HOUSEHOLD INCOME APPLICATION



- Paper vs. Electronic Application System
- Electronic Application System that determines an application
 - Content must be **approved** by State Agency annually
 - E-mail Jackie Bricker (Jacqueline.Bricker@ag.nj.gov)
 - Must also give households the option to submit paper application and instructions on how and where to obtain it
- *Not to be confused...*
 - The paper application can be posted online for families to print, fill out, & then submit to school. This is not considered “electronic” and does not need state agency approval.



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PAPER HOUSEHOLD INCOME APPLICATION

Application #: 2020-2021 Application for Free and Reduced Price School Meals Available online at: _____

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

STEP 1 List ALL Household Members who are infants, children, and students up to and including Grade 12 (If more spaces are required for additional names, attach another sheet of paper)

Child's First Name	Child's Last Name (press spacebar to advance)	School Name (MSX)	Grade	Student status (check one)	Has school lunch?	Has school breakfast?	Has school snack?
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FUP? YES NO

If you answered NO - Complete STEP 1. If you answered YES - Write a case number here then go to STEP 4 (do not complete STEP 3). Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. CHILD INCOME Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1.

B. ALL ADULT HOUSEHOLD MEMBERS (including yourself) List all household members, not listed in STEP 1 (including yourself even if they do not receive income). For each Household Member listed, if they do receive income, report total gross income (before taxes) 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 (swearing) that there is no income to report.

Name of Adult Household Member (First and Last)	Employment from	Child Support (Child's Name)		Child Maintenance (Child's Name)		Unemployment (Child's Name)		Other Income (Child's Name)	
		Amount	Frequency	Amount	Frequency	Amount	Frequency	Amount	Frequency

STEP 4 Contact information and adult signature. Mail Completed Form To:

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Country Phone and Email (optional) _____

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children

Source of Income	Examples
Earnings from work	- A child has a regular full or part-time job where they earn a salary or wage.
Social Security	- A child is paid or disabled and receives Social Security benefits. - A parent is disabled, retired, or unemployed, and their child receives Social Security benefits.
Income from persons outside the household	- A friend or extended family member regularly gives a child spending money.
Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust.

Sources of Income for Adults

Source of Income	Public Assistance / Benefits / Other Support	Private Employment / All Other Income
Earnings from work	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Other benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identifiers

We are required to ask for information about your child(ren)'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 child(ren)'s eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

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

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Two a Month x 24, Monthly x 12

Total Income: _____ Household Size: _____

Submitting Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____

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APPLICATION INSTRUCTIONS

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the district. The application must be filled out completely to certify your children 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 your school.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and 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 foster engagement, or qualify as homeless, migrant, or runaway youth.
- Students attending the school system, regardless of age.

Do NOT 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 with all required information for the additional children.

A) Is the child a student in this school district? Mark "Yes" or "No" under the column titled "Student" to tell us which children attend the school district here. If you marked "Yes," write the grade level of the student in the "Grade" column to the right.

B) 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.

C) Do you have 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.

D) 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.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or WIC
- Temporary Assistance for Needy Families (TANF) or W/TANF/WorkFirst NJ
- The Food Distribution Program on Indian Reservations (FDPIR)

A) If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number; if you participate in one of these programs and do not know your case number, contact your local county welfare agency: <http://www.nj.gov/humanservices/cdfi/locations/county/welfare/index.html>
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the chart titled "Sources of Income for Adults" and "Sources of Income for Children" printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

B) List adult household member's names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

E) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 3 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

D) Report income from public assistance/child support/allowance. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

F) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and child rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed forms to your school district.

APPLICATION: STEP 1

Application #: _____
2020-2021 Application for Free and Reduced Price School Meals
 Complete one application per household. Please type or use a pen (not a pencil).

Available online at: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and whose income and expenses, even if not related."	Child's First Name	MI	Child's Last Name <small>[press spacebar to advance]</small>	School Name <small>(Abbrev)</small>	Grade	Student attends this school district?		Foster Child	Migrant, Runaway
						Yes	No		
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.									

APPLICATION: INSTRUCTIONS SOURCES OF INCOME

INSTRUCTIONS		Sources of Income		
Sources of Income for Children				
Sources of Child Income	Example(s)			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages			
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			
Sources of Income for Adults				
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household 		

*Refer to Eligibility Manual for Excluded Sources of Income page 30-33

APPLICATION: STEP 4

STEP 4 Contact information and adult signature. Mail Completed Form To:

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, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form	Signature of adult				Today's date

Make sure signature of adult box is not blank

APPLICATION: OPTIONAL- CHILDREN'S RACIAL AND ETHNIC IDENTITIES

OPTIONAL Children's Racial and Ethnic Identities

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 Not Hispanic or Latino

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 reviews, and law enforcement officials to help them look into violations of program rules.

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 civil rights complaints only to: 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.

- This section is optional- data used for statistical purposes
- Contains privacy and civil rights statements

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APPLICATION: DO NOT FILL OUT- FOR SCHOOL USE ONLY

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

Total Income How often? Weekly Bi-Weekly 2x Month Monthly Annual Household Size

Categorical Eligibility Eligibility: Free Reduced Denied

Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date

- Use this section as a workspace for SFA
- Annual check box- Only annualize income if multiple frequencies documented
- DO signature required
- Confirming Official and Verifying Official signature must be completed if application is error prone/selected for verification

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INCOME ELIGIBILITY GUIDELINES



INCOME ELIGIBILITY GUIDELINES
July 1, 2020 – June 30, 2021
(As announced by the United States Department of Agriculture)

HOUSE-HOLD SIZE	FREE MEALS OR MILK					HOUSE-HOLD SIZE	REDUCED PRICE MEALS				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	16,588	1,383	692	638	319	1	23,606	1,968	984	908	454
2	22,412	1,868	934	862	431	2	31,894	2,658	1,329	1,227	614
3	28,236	2,353	1,177	1,086	543	3	40,182	3,349	1,675	1,546	773
4	34,060	2,839	1,420	1,310	655	4	48,470	4,040	2,020	1,865	933
5	39,884	3,324	1,662	1,534	767	5	56,758	4,730	2,365	2,183	1,092
6	45,708	3,809	1,905	1,758	879	6	65,046	5,421	2,711	2,502	1,251
7	51,532	4,295	2,148	1,982	991	7	73,334	6,112	3,056	2,821	1,411
8	57,356	4,780	2,390	2,206	1,103	8	81,622	6,802	3,401	3,140	1,570
Each Additional Household Member	5,824	486	243	224	112	Each Additional Household Member	8,288	691	346	319	160

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

Error Prone: Weekly: \$0 - \$25 below the free or reduced price income eligibility limit.
 Every two weeks or 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.



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WHAT IS ERROR PRONE?

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



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EXAMPLE 1

Income Application with Same Frequency

- Household of 4
 - Income one: \$2,000 *monthly*
 - Income two: \$500 *monthly*
 - Total Income: \$2,500 **MONTHLY**

• What is the student's eligibility? **FREE**



HOUSE-HOLD SIZE	FREE MEALS OR MILK				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	16,588	1,383	692	638	319
2	22,412	1,868	934	862	431
3	28,236	2,353	1,177	1,086	543
4	34,060	2,839	1,420	1,310	655
5	39,884	3,324	1,662	1,534	767
6	45,708	3,809	1,905	1,758	879
7	51,532	4,295	2,148	1,982	991
8	57,356	4,780	2,390	2,206	1,103
Each Additional Household Member	5,824	486	243	224	112

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EXAMPLE 2

Income Application with Different Frequency

- Household of 4
- Income one: \$1,200 *bi-weekly* x 26 = \$31,200
- Income two: \$250 *weekly* x 52 = \$13,000
- Total Income: \$44,200 **ANNUALLY**

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



What is the student's eligibility? **REDUCED**

HOUSE-HOLD SIZE	REDUCED PRICE MEALS				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each Additional Household Member	8,288	691	346	319	160

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EXAMPLE

Error Prone

- Household of 6
- Income \$ 1725 every two weeks
- FREE Eligible

\$1758 Maximum Every Two Weeks IEG
-\$1725 Reported Income

\$33 falls within \$0-\$50 error prone limit



Error Prone: Weekly: \$0 -\$25 below the free or reduced price income eligibility limit.
 Every two weeks or 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 on app

*App goes into selection for verification

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APPLICATION EXAMPLE 1: FREE INCOME- SAME FREQUENCY

Application # 1
 2020-2021 Application for Free and Reduced Price School Meals
 Complete one application per household. Please type or use a pen (not a pencil). Available online at: www.school.org

STEP 1 List All Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	Child's Last Name	Grade	Enrolled at school	Enrolled in college
A B C	X Y Z	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D E F	X Y Z	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FIP?* YES NO

STEP 3 Report Income for All Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
 B. Adult Household Members (including yourself)

STEP 4 Contact information and adult signature. Mail Completed Form To:

123 South St
 Mr. XYZ
 Signature of adult
 8-24-20

INSTRUCTIONS Sources of Income

Sources of Income for Children

- Earnings from work
- Social Security
- Disability Payments
- Income from person outside the household
- Income from any other source

Sources of Income for Adults

- Public Incomes
- Unemployment benefits
- Supplemental Security Income (SSI)
- Cash assistance from state or local government
- Alimony payments
- Child support payments
- SNAP/TANF benefits
- Other benefits
- Private pensions or disability benefits
- Regular income from Social Security
- Private pensions or disability benefits
- Investment income
- Interest income
- Regular cash payments from relative households

OPTIONAL: Children's Racial and Ethnic Identity

White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other

Annual Income Converter: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \$500
 Household Size: 6
 Eligibility: Free Reduced None

Signature of Official: [Signature]
 Date: 8/28/20

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APPLICATION EXAMPLE 2: REDUCED INCOME & ERROR PRONE

Application # 2
2020-2021 Application for Free and Reduced Price School Meals
Complete one application per household. Please type or use a pen (not a pencil).

Available online at: www.school.org

STEP 1 List ALL Household Members who are adults, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Sex	Grade	Age	Enrolled in School	Enrolled in Daycare
A. A.		X. Y. Z.	M	K	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. B.		X. Y. Z.	F	K	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FFP/PT? YES NO

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1.

B. All Adult Household Members (including yourself)
List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report their gross income (before taxes) for each source in whose dollars you control any reporting power (if they do not receive income, you are certifying (swearing) that there is no income to report).

Name of Adult Household Member (First and Last)	Employment Status	Child Support	Other Income	All Other Income
Mr. XYZ	1 2 3 4	5 6 7 8	9 0 1 2	3 4 5 6

STEP 4 Contact information and adult signature. **Mail Completed Form To:**

1 South St
Anytown, NJ 00000
855-555-5555
Mrs. XYZ
8-24-20

INSTRUCTIONS Sources of Income

Sources of Income for Children	Examples	Sources of Income for Adults	Examples
Earnings from work	A child has a regular job or part-time job when they start a career or job.	Earnings from work	Salary, wages, cash bonuses, net income from self-employment (net or business)
Social Security	Child's Social Security benefits and other Social Security benefits.	Public Assistance/Other Public Benefits	Unemployment benefits, Veterans compensation, Supplemental Security Income (SSI), Cash assistance from State or local government.
Income from person outside the household	A step or stepparent's regular or irregular child support money.	Private Retirement or Disability Benefits	Private pensions or disability benefits, Regular income from IRAs or 401(k)s, Child support payments, Veterans benefits, Other benefits.
Income from any other source	A child receives regular income from a private person (tax, annuity, or trust).	Income from the U.S. Military	Army payments, Child support payments, Veterans benefits, Other benefits.

OPTIONAL Children's Racial and Ethnic Identifiers

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 Not Hispanic or Latino
Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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

Total Income: 47,478
Categorical Eligibility: Yes No
Date: 8/28/20

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APPLICATION EXAMPLE 3: SNAP CASE NUMBER

Application # 3
2020-2021 Application for Free and Reduced Price School Meals
Complete one application per household. Please type or use a pen (not a pencil).

Available online at:

STEP 1 List ALL Household Members who are adults, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Sex	Grade	Age	Enrolled in School	Enrolled in Daycare
G. S.		N. O. P.	M	1 2	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. L.		N. O. P.	F	1 2	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FFP/PT? YES NO

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1.

B. All Adult Household Members (including yourself)
List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report their gross income (before taxes) for each source in whose dollars you control any reporting power (if they do not receive income, you are certifying (swearing) that there is no income to report).

Name of Adult Household Member (First and Last)	Employment Status	Child Support	Other Income	All Other Income
Mr. XYZ	1 2 3 4	5 6 7 8	9 0 1 2	3 4 5 6

STEP 4 Contact information and adult signature. **Mail Completed Form To:**

P.O. Box 2020
Anytown, NJ 00000
855-555-5555
Mrs. Mnop
9/1/2020

INSTRUCTIONS Sources of Income

Sources of Income for Children	Examples	Sources of Income for Adults	Examples
Earnings from work	A child has a regular job or part-time job when they start a career or job.	Earnings from work	Salary, wages, cash bonuses, net income from self-employment (net or business)
Social Security	Child's Social Security benefits and other Social Security benefits.	Public Assistance/Other Public Benefits	Unemployment benefits, Veterans compensation, Supplemental Security Income (SSI), Cash assistance from State or local government.
Income from person outside the household	A step or stepparent's regular or irregular child support money.	Private Retirement or Disability Benefits	Private pensions or disability benefits, Regular income from IRAs or 401(k)s, Child support payments, Veterans benefits, Other benefits.
Income from any other source	A child receives regular income from a private person (tax, annuity, or trust).	Income from the U.S. Military	Army payments, Child support payments, Veterans benefits, Other benefits.

OPTIONAL Children's Racial and Ethnic Identifiers

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 Not Hispanic or Latino
Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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

Total Income: 47,478
Categorical Eligibility: Yes No
Date: 9/15/20

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QUESTIONABLE OR INCOMPLETE APPLICATION



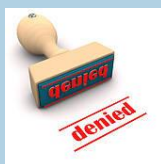
- Inconsistencies, questionable, or incomplete information must be resolved
- Contact household to clarify any questionable or incomplete information
- Household contacts must be documented, dated and initialed on the application
 - Remember the DO is responsible to explain any questionable determinations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



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DENIED APPLICATION

- Application can be denied when:
 - It is over the income guidelines
 - It is incomplete or discrepancies/questionable information is not resolved

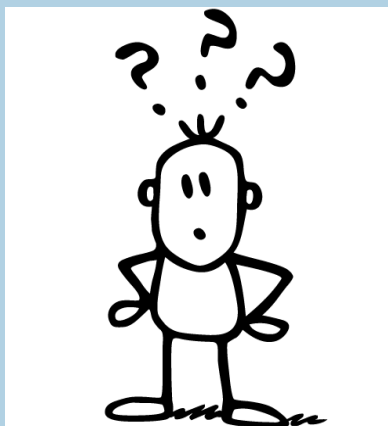


- Letter to Notify the Household of Eligibility status (Form #70)
- or
- A letter with all the same contents as Form 70 must be sent to the household

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SPECIAL SITUATIONS

- Seasonal workers and self employed are allowed to report annual income
- Household of one
 - Emancipated
 - Institutionalized
- Zero Income



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CARRY OVER RULE

- 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



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NEXT STEPS

1. Notify households of eligibility using appropriate letters
 - DC Letter in English (automatically generated in SNEARS)
 - ***UPDATED*** Letter to Notify Household of Eligibility Status (Form #70) and in Spanish (#70S)
2. Transfer correct eligibility determination to benefit issuance documents
 - Mater Eligibility List (MEL) (Form #128)
 - Coded Roster
 - Point of Service (POS)
 - Tickets
3. Clean-up your MEL as changes occur in your enrollment
4. Retain records and documents



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SHARING INFORMATION WITH MEDICAID/NJ FAMILYCARE

- 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
- Households should return the Form only if they **DO NOT** want information shared
- SFA's must keep these forms on file



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SHARING ELIGIBILITY INFORMATION WITH OTHER PROGRAMS

Consent NOT Needed

- Aggregate 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



Available on the NJDA Forms website:

- Form #124 English
- Form #124S Spanish

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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)



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TIMEFRAMES & DATES



- ✓ Rollover student database for new school year
- ✓ Run 1st DC (July 15th to August 30th 2020)
- ✓ Send LTP/Application Packet to household on or before first day of school
 - Not required for DC students
- ✓ Determine application and notify household within 10 operating days of receipt
- ✓ Transfer eligibility determinations to benefit issuance documents immediately; update changes as needed/occur
- ✓ Eligibility determinations are valid for the entire school year plus the 30 day carry-over unless household reapplies
- ✓ Retain records/documents for three years plus the current school year

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FREE/REDUCED PRICE APPLICATION DETERMINING FORMS

- [A-1104 A1104 "Hunger-Free Students' Bill of Rights Act"\(May 2020\)](#)
- [A-Z Reference List for Determining & Verifying Eligibility for School Meals \(Form # 393\)](#)
- [Documentation for Homeless and Runaway Students \(Form #146A\)](#)
- [Documentation for Migrant Education Program -MEP \(Form #146B\)](#)
- [Error Prone Income Eligibility Guidelines \(Form #178\)](#)
- [Important School Nutrition Program Dates 2020-21 \(Form #129\)](#)
- [Income Eligibility Guidelines \(Form #127\)](#)
- [Letter to Notify Household of Audit Results \(Form #255\)](#)
- [Letter to Notify Household of Audit Results \[Spanish\] \(Form #255S\)](#)
- [Letter to Notify Household of Eligibility Status \(Form #70\)](#)
- [Letter to Notify Household of Eligibility Status \[Spanish\] \(Form #70S\)](#)
- [Letter to Notify Household of Incomplete Application \(Form #64\)](#)
- [Letter to Notify Household of Incomplete Application \[Spanish\] \(Form #64S\)](#)
- [Master Eligibility Guidelines – MEL \(Form #128\)](#)
- [NJ Senate Bill 4200 Reduced Price Eligible Students](#)
- [Sharing Information with Medicaid or NJ Family Care \(Form #121\)](#)
- [Sharing Information with Medicaid or NJ Family Care \[Spanish\] \(Form #121S\)](#)
- [Sharing Information with Other Programs \(Form #124\)](#)
- [Sharing Information with Other Programs \[Spanish\] \(Form #124S\)](#)
- [State of NJ Parent Notification of Payment for Debt \(April 2015\)](#)
- [USDA Unpaid Meal Charges Memo \(July 2016\)](#)

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**THANK YOU FOR ATTENDING THE DETERMINING ELIGIBILITY
FOR FREE & REDUCED PRICE APPLICATIONS FOR SCHOOL MEALS**

Certificate of Attendance

Participant Name: _____

Date Completed: _____

This webinar 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



This institution is an equal opportunity provider.

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QUESTIONS?

Contact the School Nutrition Programs Staff at
609-984-0693 with program related questions

OR

Email us:

Casey.Miller@ag.nj.gov

Dianne.Kennedy@ag.nj.gov

Corinne.Santos-Hernandez@ag.nj.gov

Jill.Logan@ag.nj.gov



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