

School Meals Training for Bookkeepers

Approving Students for Meal Benefits

Nebraska Department of Education
Nutrition Services

How to Qualify for F/R Meals

Households are approved based on:

- Income Eligibility – free or reduced with a meal application

OR

- Categorical Eligibility – free or reduced

Free/Reduced Application Process...

What's Involved?

Household's must be given:

- Letter to Household with Instructions – *Attachment B*
- Household Meal Application – *Attachment C*
- Optional: *Attachment E*
Attachment L

Sharing Information with Other Programs (Attachment L)

- Form must be sent to household if F/R eligibility will be shared
- Form must list each program so household can choose
- Parent/Guardian must sign form and return to school

Processing an Application with Foster Children

- Foster children automatically qualify for free meals
- No additional documentation required to be on file with application
- Eligibility of other children in household (HH) – based on HH size & income, including foster child's personal use income.

Processing an Application with Homeless, Migrant, Runaway (HMR) Children

- HMR children automatically qualify for free meals
- Additional documentation required to be on file if application is submitted
- Documentation – Direct Certification (DC) list, migrant coordinator or H/R liaison
- Eligibility of other children in HH – based on HH size and income

Processing an Application with a Master Case Number

- If household qualifies for SNAP, TANF or FDPIR: they must list their Master Case Number
- Single Box on application
- 5-9 digit number

Processing an Income Application

Income Eligibility Guidelines – *Attachment A*

Income listed as:

- Annual
- Monthly
- Twice a month
- Every Two Weeks
- Weekly

Free/Reduced Price Meal Applications

- Available in a variety of different languages
- Web site location:

<https://www.education.ne.gov/ns/forms-resources/national-school-lunch-program/application-income-eligibility/>

Approval of F/R Applications

- Must be approved by household
- Processed within 10 operating days
- Eligibility determinations valid for the school year
- Applications may be shared between districts

Carryover of Eligibility

- Children on F/R at end of previous year begin new school year with same benefits
- Timeframe: prior year's eligibility is good for first 30 school days OR until student's name is on D.C. list or a new application is processed

Categorical Eligibility

Two Ways to Qualify:

Participate in an Assistance Program – SNAP, TANF, FDPIR or Medicaid (in Nebraska)

OR

Child meets the definition of :

- Foster Child
- Homeless, Migrant, Runaway (HMR) Child
- Enrolled in Federal Head Start program

Categorical Eligibility – F/R Benefits

Free based on Categorical Eligibility:

- Foster Children
- Homeless, Migrant, Runaway Children
- Head Start
- Direct Certification List: (SNAP, TANF, FOSTR, MGRNT, MFREE)

Reduced based on Categorical Eligibility:

- Direct Certification List (MRED)

Categorical Eligibility

- All districts required to directly certify categorically eligible children
- If one child in household qualifies for SNAP, TANF, FDPIR, MFREE or MRED, all other children in household automatically qualify for these same meal benefits
- Exceptions – Foster, HMR and Head Start children

Categorical Eligibility

Districts are allowed to add names:

- Household Application with a Master Case Number
- Direct Certification List

Categorical Eligibility

- Direct Certification List – district must be able to link student to household that was directly certified
- For purposes of carryover, categorical eligibility must be extended to newly enrolled siblings

Direct Certification List

- Direct Certification List - generated through computer match with SNAP, TANF, Medicaid, foster and migrant households
- Eliminates the need for an application



Direct Certification List

DHHS match occurs nightly with emails sent to the school

- For Public Schools: upload enrollment to the NDE portal – ADVISER
- For Non-Public Schools: upload enrollment to the NDE portal – PersonID

Direct Certification List: What is the Approval Date?

- It is the “List Date”
- District must determine a match between the list and the district’s student data base
- Direct Certification vs. Household Application

Match List
Use the Match List to manage students directly certified for free or reduced price meal benefits during the current school year.

☒ [Show Help](#)

Search From: 07/09/2020 To: 07/23/2020 [Search](#) [Search All Dates](#) [Reset](#)

Show 10 entries [Export List](#) [Print List](#)

List Date	Qualify	Last Name	First Name	Gender	DOB	School #
-----------	---------	-----------	------------	--------	-----	----------

Direct Certification List

- Keep the list updated – note changes/transfers
- School district must have a printed list of names on file to document the student's eligibility
- To share eligibility if a student transfers:
 - Send copy of student's approval letter
or
 - Notify in writing on school letterhead



Direct Certification List

To learn more about NDE's Direct Certification System, watch the training webinar

<https://www.education.ne.gov/ns/forms-resources/national-school-lunch-program/direct-certification-and-direct-verification/>



How to Qualify with an Application

1. Free based on Categorical Eligibility:
 - ✓ HH Application for Foster Child
 - ✓ HH Application for HMR Child
 - ✓ HH Application with SNAP, TANF or FDPIR number
2. Free or Reduced based on Income Eligibility:
 - ✓ Household Application listing income

Approving Applications

Example #1 – Master Case Number:

- Student Name(s)
- Household's Master Case # for SNAP, TANF or FDPIR
- Signature of Adult

Approving Applications

Do not accept the following for a Master Case Number:

- Social Security Number
- Medicaid Number
- EBT Number

Will result in an error during an Administrative Review

Approving Applications

- School districts responsible for completing the bottom portion of each application
- Determining Official must sign/date each application

Annual Income Conversion:		Weekly X 52;	Every 2 weeks X 26;	Twice a month X 24;	Monthly X 12
Total Household Size: _____		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied			
Total Income: _____ per		Reason for denial:			
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week		<input type="checkbox"/> Income			
		<input checked="" type="checkbox"/> Categorically eligible:			
		<input checked="" type="checkbox"/> SNAP/TANF/FDPIR			
		<input type="checkbox"/> Foster Child			
		<input type="checkbox"/> Homeless/Migrant/Runaway:			
		(Official Documentation Required at School)			
Signature of Determining Official: <i>Mary Nelson</i>		Date Approved: 8/14/XX			

Approving Applications

- All households must be notified in writing of the results
- Use Attachment D: *Notice of Approval or Denial Letter*

Reporting Income

Households can report income in any increment:

- Weekly, Biweekly, Every Other Week, Monthly or Annual

Calculating Household Income

- If household reports a single frequency of income, no conversion is required
- If multiple frequencies are reported, convert all income to an annual amount

Approving Applications

Example #2 – Income Application: Single Frequency

- Student Name(s)
- Names of all Household Members
- Current Income for each person listed
- Signature of Adult
- Last 4 digits of Social Security Number or No SSN

Approving Applications

Example #3 – Income Application: Multiple Frequencies

- Student Name(s)
- Names of all Household Members
- Current Income for each person listed
- Signature of Adult
- Last 4 digits of Social Security Number or No SSN

Income Conversions

Must convert multiple frequencies of pay to annual amounts before combining:

- Monthly x 12
- Weekly x 52
- Every two weeks x 26
- Twice per month x 24

Calculating Income - Multiple Frequencies

- For Mary Smith:
 $\$1200/\text{mo} \times 12 = \$14,400/\text{yr}$
 $\$100/\text{wk} \times 52 = \$5200/\text{yr}$
- For George Smith: $\$10,000/\text{yr}$
- Total Annual Income: $\$29,600$

Calculating Income for Self-Employed Individuals

See Attachment E:

- Income reported from specific lines on Tax Return Form 1040 – First page of the Tax Return and Schedule 1
- Losses subtracted to determine total income
- Zero income requires no follow-up

Pages 5-6-7

Approving Applications

Example #4 – Income Application - No Income:

- Family can report zero income
- Application can be approved for free meals for the school year
- No follow-up is required

Approving Applications

Example #5 – Application - Foster Children only:

- Student Name(s)
- Box checked for each Foster Child
- Signature of Adult
- Last 4 digits of Social Security Number not required

Approving Applications

Example #6 - Income Application with Foster Children – same approval for all

- Student Name(s)
- Box checked for each Foster Child
- Current income for each person listed including foster children
- Signature of Adult
- Last 4 digits of Social Security Number or No SSN

Approving Applications

Example #7 - Income Application with Foster Children – different approvals

- Student Name(s)
- Box checked for each Foster Child
- Current income for each person listed including foster children
- Signature of Adult
- Last 4 digits of Social Security Number or No SSN

Frequently Asked Questions

- Student Income
- Student Financial Assistance
- Joint Custody
- Foreign Exchange Students

If you have any questions...

- Contact Nutrition Services at 800-731-2233, or
- Click on “Contact Us” on our web site at:
<https://www.education.ne.gov/ns/contact-us/>
- Refer to USDA’s *Eligibility Manual for School Meals* for guidance

Nondiscrimination 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, audiotope, 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:

- (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

This institution is an equal opportunity provider.



Thank You!