June New Directors' Meeting

Loria Hunter
New Directors' Meeting – June 2023
ALSDE CNP School Programs

WEBINAR

Click on the link below to view the WebEx recording:

- June New Directors' Meeting

Agenda

- Online application/agreement
- Public Release
- Smart Snack Attestation
- Meal Charge Policy
- Wellness Policy – triennial assessment
- Unique Entity Identifier
- New Director's – Food Safety Training

- New Sodium Requirement
- Training
  - ICN
  - Other State Agencies
  - Tracker
- DC File
- Free/Reduced Price Applications
  - Web based
  - Paper

Online Application Agreement

- Deadline – June 16
- Contact specialist before submitting
- Review application/agreement

Public Release Requirements

- Near the beginning of school, the public must be notified to the availability of free/reduced meals
- Notice must include eligibility criteria
- Provide to local media, unemployment office, major employers contemplating layoffs

USDA

National School Lunch Program

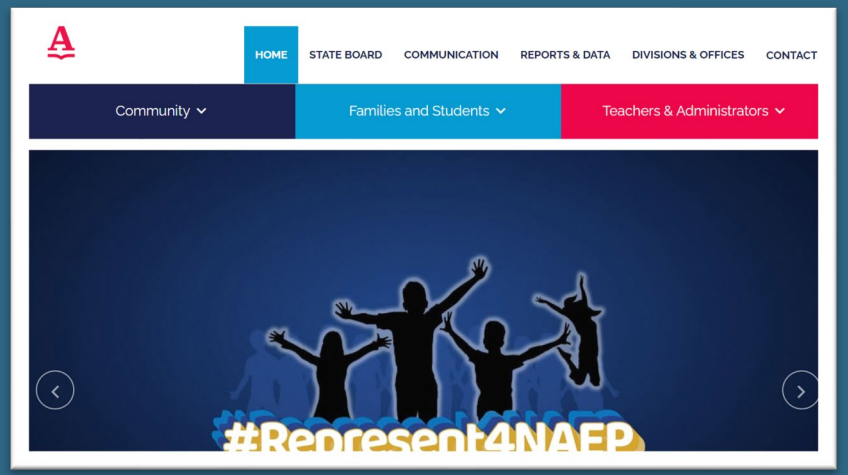
Applying for Free and Reduced Price School Meals

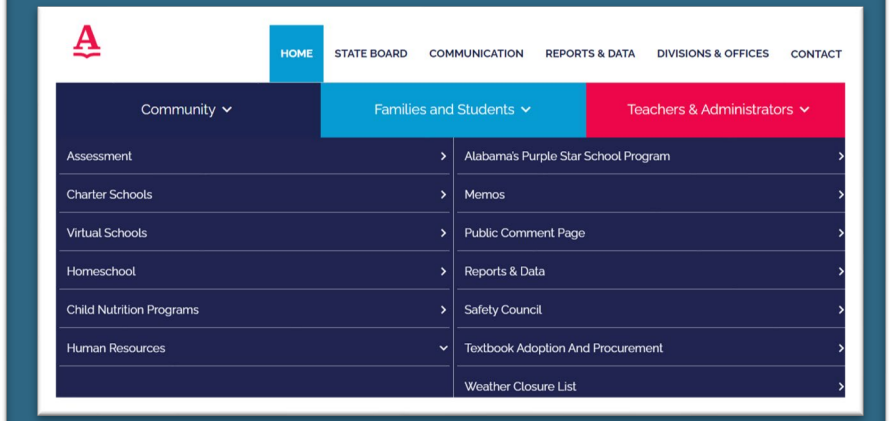
Public Release

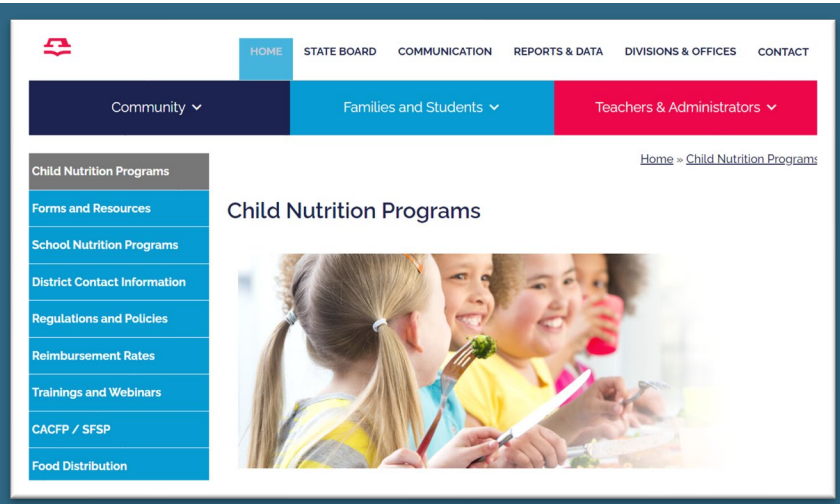
- USDA prototype online
  alabamaachieves.org>community>child nutrition programs>school nutrition programs

- For Community Eligibility Provision (CEP)
  Scroll down to CEP and Provision 2 – USDA and State Guidance

- For non-CEP (community eligibility provision)
  Scroll down to Free and Reduced Forms







Smart Snack Attestation

Policy Checklist Online Application/Agreement

11. Attestation Statements:

☑ Snack and Fundraisers Attestation Statement: "As the CNP Director of this School Food Authority, I do herby attest the Superintendent's signature on the attestation form has been obtained and filed by July 1st stating that this SFA and all schools under its jurisdiction operating the National School Lunch Program authorized under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq), and/or the School Breakfast Program authorized under the Child Nutrition Act of 1966 (42 U.S.C. 1173), are in compliance with the Alabama Implementation of USDA Smart Snacks in School and Fundraising Activities for this school year."

☑ SFA will comply with all sections of the Federal Bid Law.

☑ I, the CNP director of this School Food Authority attest that all schools for the SFA will comply with the USDA NSLP and SBP meal patterns.

Help make the healthy choice
the easy choice for kids at school

TEAM NUTRITION • USDA

Smart Snacks

In order to promote a healthy school environment, every school shall ensure that all foods sold in vending machines, school stores, and cafeterias are in compliance with the **USDA Smart Snacks** in Schools standards.

- Food items cannot be sold or given away in competition with the school meal programs.
- Alabama's Implementation of USDA Smart Snacks in School and Exempt Fundraisers Form: Principals complete twice a year by July 1 and January 1.
- Superintendent - Attestation of Compliance with Alabama Implementation of USDA Smart Snacks in School and Fundraising Activities.

NOTE: Exemption relates to not selling smart snacks. The sales cannot compete with CNP meal service.

What are the Smart Snacks Standards for Foods?

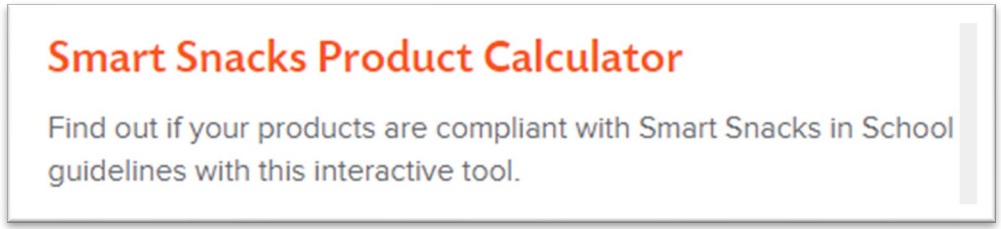
To qualify as a Smart Snack, a snack or entrée must first meet the general nutrition standards:

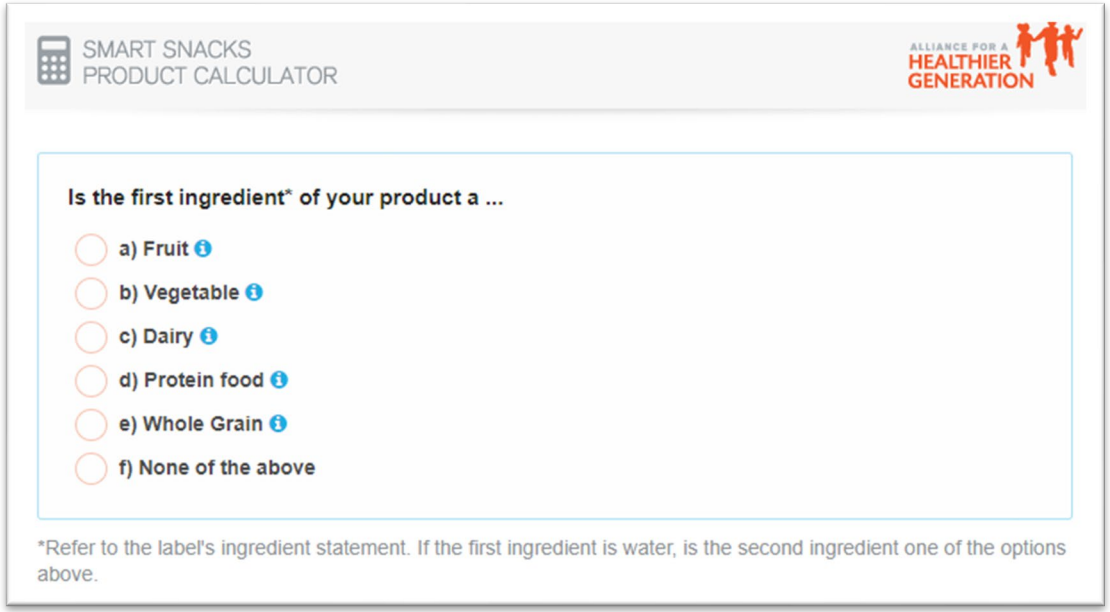
- Be a grain product that contains 50 percent (have a whole grain as the first ingredient); or
- Have as the first ingredient a fruit, a vegetable, a dairy food, or a protein food; or
- Be a combination food that contains at least ¼ cup of fruit and/or vegetable (for example, ¼ cup of raisins with enriched pretzels); and
- 10% daily value of calcium, vitamin D, fiber, or potassium

NOTE: The food must meet the nutrient standards for calories, sodium, fats, and total sugars.

Smart Snack Calculator

https://foodplanner.healthiergeneration.org/calculator/





Meal Charge Policy Considerations

Policies may allow students to charge all types of available reimbursable meals, offer alternate meals, impose a limit on charges, or allow neither meal charges nor offer alternate meals.

Additionally, policies may be consistent for all students or vary based on student grade levels.

NOTE: SFAs also must include policies regarding the collection of delinquent meal charge debt in the written meal charge policy.

Meal Charge Policy

It is important that meal charge and alternate meal policies are **clearly communicated** to school administrators, school food service professionals, families, and students.

- Provide in writing at the beginning of the year to all households
  - Send with meal application
  - Post on website
  - Provide in registration packets

Meal Charge Policy

- A Meal Charge Policy is not required for CEP schools.
- Check to ensure your organization has a policy if needed.
- School Food Authorities will likely need board approval.

The **Wellness Policy** helps to create a healthy school environment.

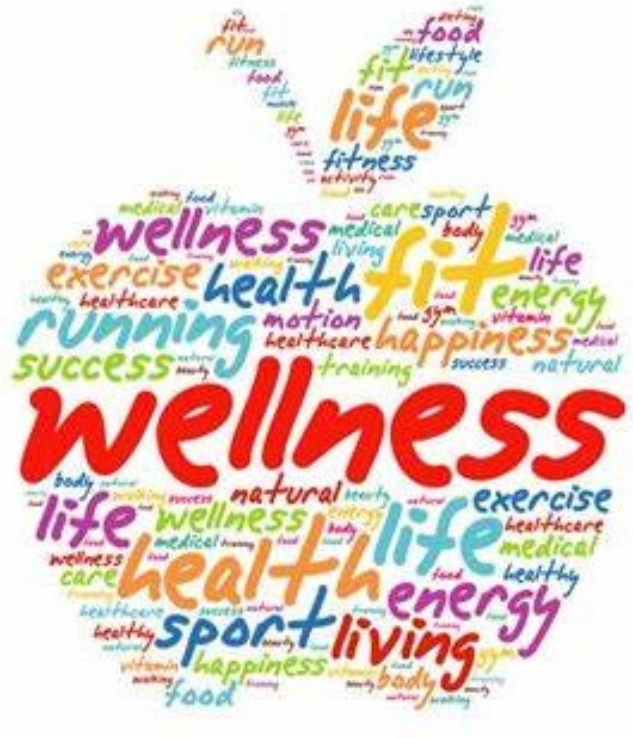
- Nutrition education
- Physical activity
- Food and drinks sold to students
- Nutrition promotion

Wellness Checklist
https://www.alabamaachieves.org/wp-content/uploads/2021/05/ALSDE-Local-Wellness-Policy-Checklist.pdf

Wellness Policy Stakeholders

The stakeholders can include:

- school nutrition staff,
- school administrators,
- teachers of physical education,
- school health professionals,
- parents and students,
- members from the school board,
- and community leaders.

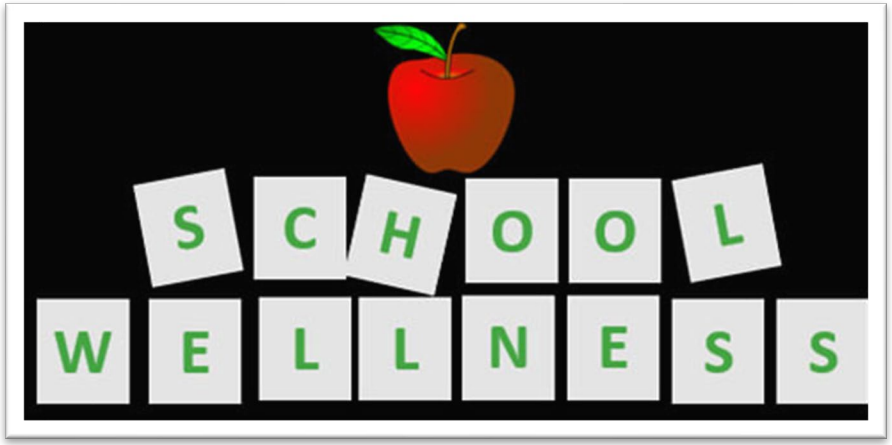


Wellness Policy - Triennial Assessment

Review your district wellness policy.

The wellness coordinator should organize a meeting to assess the policy.

The committee/coordinator will assess the extent in which the district/school is following its policy, compare the district policy with a model policy, document progress made in achieving goals set in local policy, and update the policy



- Designee will document how well you are following your policy, how your policy compares with a model policy, and how effective the policy has been over the last three years.
- The policy and triennenial assessment must be made public.
- Must be completed by June 30.

Unique Entity Identifier (UEI)

Required by USDA - Child Nutrition Program Operators are required to have the UEI to receive payments from State agencies who administer the Child Nutrition Programs on behalf of the Federal government.

The UEI is a 12-character alphanumeric identifier assigned to an entity by the System for Award Management (SAM).

It replaced Data Universal Numbering System (DUNS) – Entities with active DUNS during the transition were automatically assigned a UEI.

Sam.gov to get an UEI

Send to State Agency

USDA

New Director – Food Safety Training

All CNP Directors must have at least eight hours of food safety training.

- Hours must be completed not more than five years prior to the first date of employment or completed within 30 calendar days of the first day of employment.
- Keep a copy of certificate on file.
- Food Safety in Schools - ICN, SERV Safe
- Contact local health department for list of acceptable courses

New Sodium Requirement

- The transitional sodium standards are intended to encourage the reintroduction of lower sodium foods and meals to students and provide additional time for the food industry to develop and test lower sodium products that are palatable to students. The NSLP and SBP have different transitional sodium standards.

- Meals offered on average over the week must meet the sodium target for each grade group. These sodium limits do not apply per day, per meal, or per menu item. This allows menu planners to occasionally offer higher sodium meals or menu items if they are balanced with lower sodium meals and menu items throughout the week.

New Sodium Requirement

- Make sure your software has been updated with the new standard.
- New sodium requirement applies to lunch only.
- Effective July 1, 2023

Grade Group	NSLP
K-5	<1,110 mg
6-8	<1,225 mg
9-12	<1,280 mg

Training/Professional Development

- Training CNP Personnel
  - Job specific
  - Focus on day-to-day operation and management of program
- Annual training occurs between July 1 and June 30
- Hired after Jan 1, employee must complete half of training hours

Annual Requirements:

- CNP Director - 12 hours training
  (does not include food safety training in the first year of employment.)
- Managers- 10 hours
- Employees working more than 20 hours per week - 6 hours
- Employees working less than 20 hours per week - 4 hours

Required Training

4 Key Areas

- Nutrition
- Operations
- Administration
- Communication and Marketing

Kinds of Training

- Online
- Pre-Recorded Webinars
- Face to Face
- Self Directed

Professional Standards Training Topics

List of training topics with learning codes

- https://fns-prod.azureedge.us/sites/default/files/cn/ps_trainingtopics.pdf

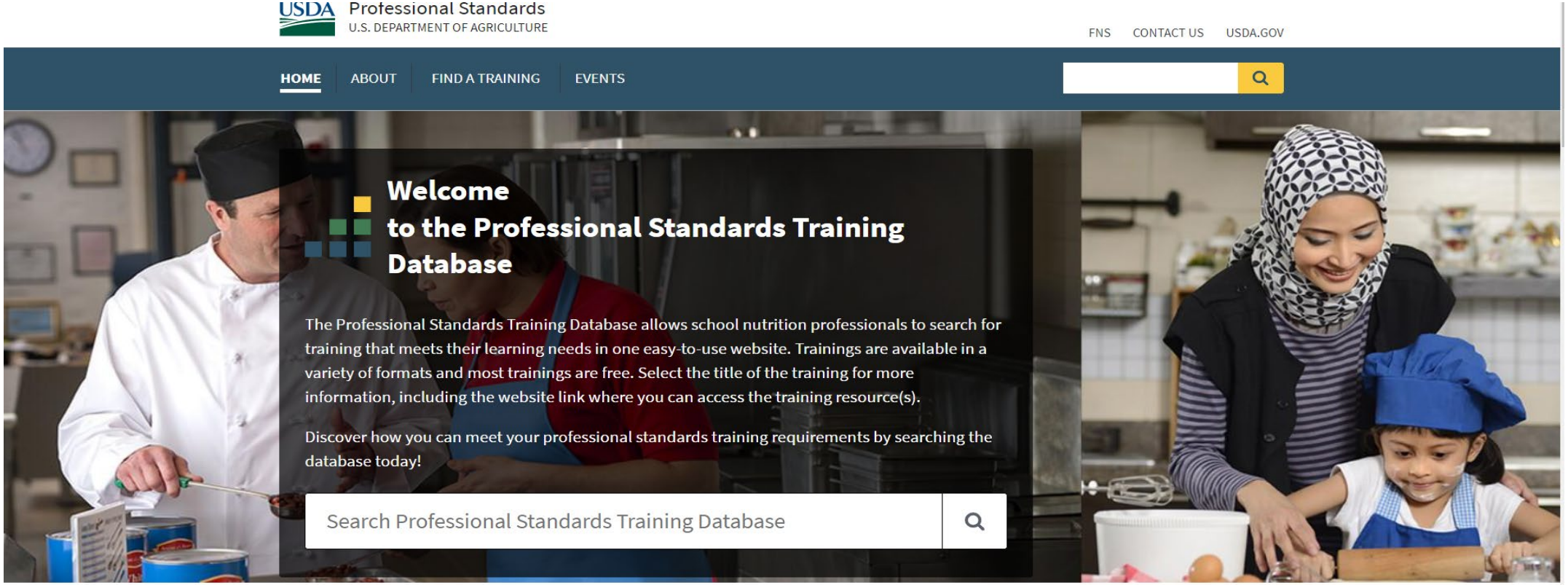
Training topic learning objectives

- https://fns-prod.azureedge.us/sites/default/files/cn/ps_learningobjectives.pdf

BREAK *for a* PLATE
SCHOOLS

Training Database

https://professionalstandards.fns.usda.gov/



Professional Training Database

- More than 500 free or low-cost training resources are available in a variety of formats in our training database.
- The training listed in the database includes training that is available on-line, including webinars—as well as in-person training, and is fully searchable by training category.
- Each listing contains information about the training, including how to access, developer, date, learning objectives covered, and more.

- ICN - https://theicn.org/
- Texas Department of Agriculture - Home (squaremeals.org)
- Massachusetts Department of Elementary and Secondary Education
  Nutrition Education, Training and School Wellness - Office for Food and Nutrition Programs (mass.edu)
- Alabama State Department of Education – alabamaachieves.org and breakforaplate.com

Professional Tracker

USDA tracker – create an account

Professional Standards Training Tracker Tool (usda.gov)

Alabama Department of Education Tracker

Keep copies of training agendas, sign in sheets, and hours of instruction.

Direct Certification File

Direct Certification File:

Statewide Database of children eligible for SNAP, TANF, Medicaid, Migrant, Foster

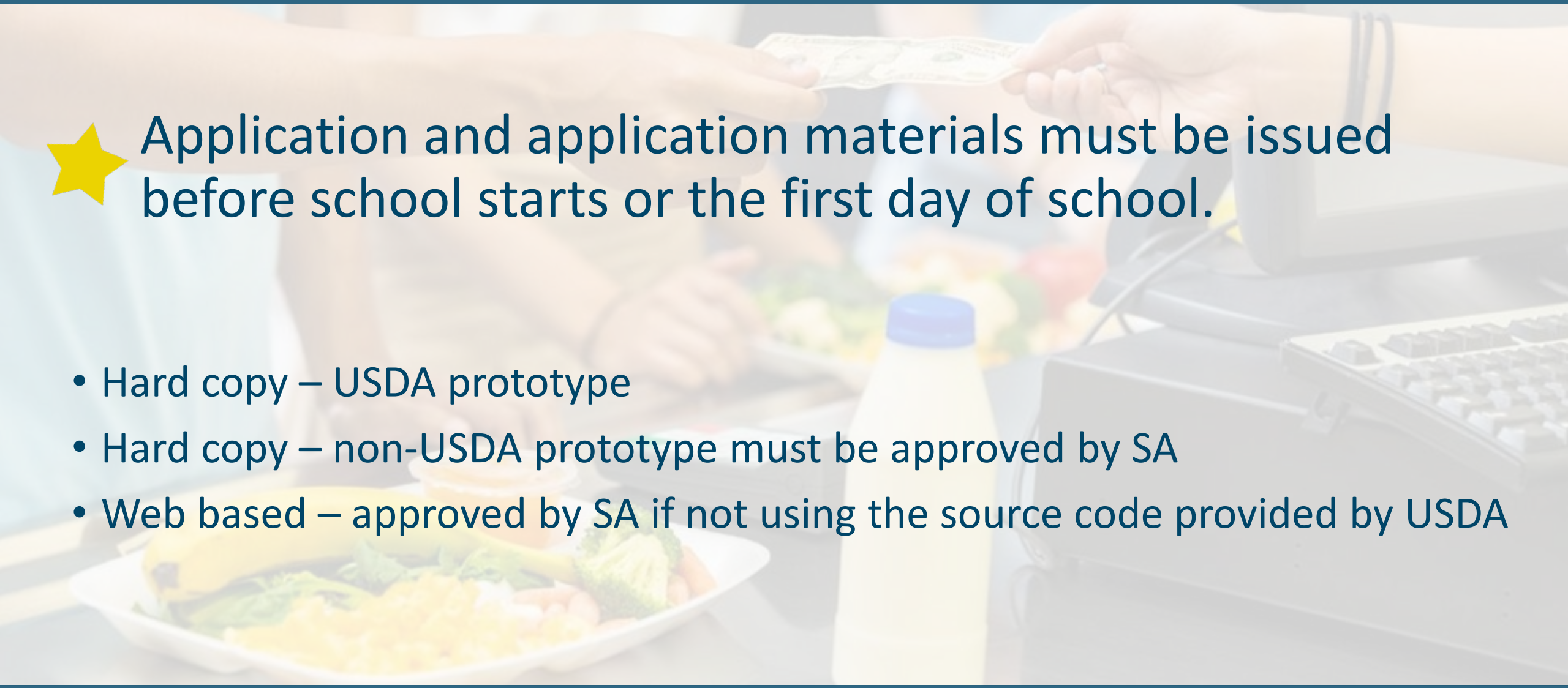
- File comes from DHR to ALSDE.
- ALSDE uses several data points to match students enrolled in your district to the DC file.
- ALDSE sends those matches to PowerSchool and PowerSchool sends to the district.
- File will be sent to districts the first week in July.
- Check DC file in PowerSchool with POS. Must check DC file 3 times a year. (beginning of SY, 3 months after beginning of SY, and 6 months beginning of SY)
- For more details check the Free/Reduced webinar SY 23-24 at alabamaachieves.org or breakforaplate.com.

More guidance is coming from ALSDE.

Resources

- Eligibility Manual for School Meals Verifying and Determining Eligibility – July 2017
- SY 23-24 Free/Reduced Meal Webinar
  - Alabamaachieves.org>community>child nutrition programs>school nutrition programs
  - Breakforaplate.com

Free/Reduced Meal Application



- Application and application materials must be issued before school starts or the first day of school.

- Hard copy – USDA prototype
- Hard copy – non-USDA prototype must be approved by SA
- Web based – approved by SA if not using the source code provided by USDA

Hard Copy Meal Application Only

Must provide each household with…

- Meal Application
- How to Apply
- Frequently Asked Questions

Hard Copy and Web Based Application

- Frequently Asked Questions – indicate the website of the web-based application
- Hard copy applications must be available to households if needed.
- Post printable version of application on district website.

Application Review

- Date applications when received.
- Review application for completeness.
  - Applications missing information or showing inconsistencies are incomplete.
  - Return incomplete applications or contact the household for needed information.

Application Review

Household number and income information

Names of children in step 1 – all children up to 12 grade, including infants

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	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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

Application Review – Household Size/Income

Step 3: List the names of all adults in the household and the gross income for each adult household member. Amount, frequency, and source.

If the income field is left blank, it should be treated as zero (0) income.

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 Income	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
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) [ ]

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) [ ]

Check if no Social Security Number ☐

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

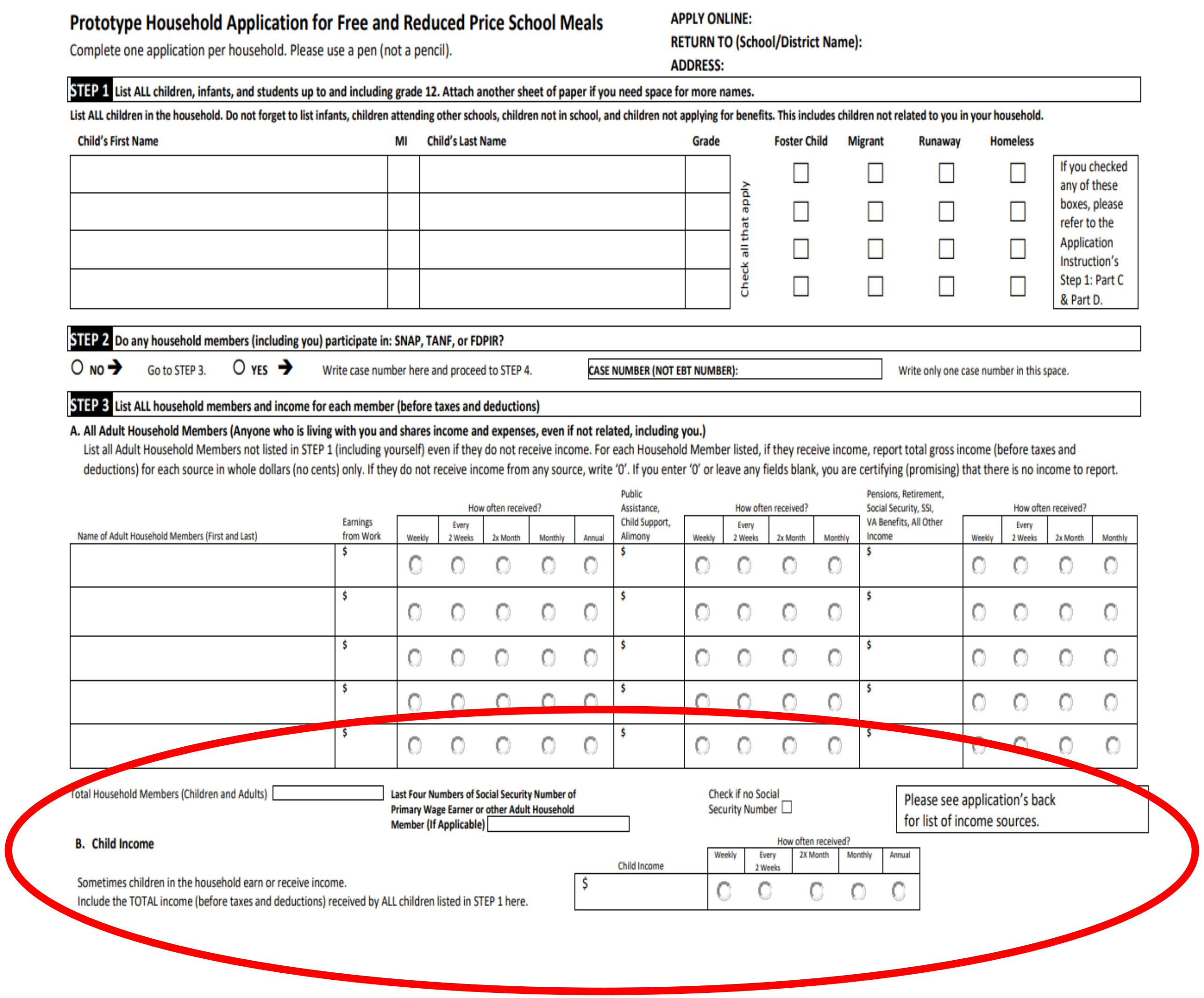
B. Child Income

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

Child Income	How often received?				
	Weekly	Every 2 Weeks	2X Month	Monthly	Annual
$	○	○	○	○	○

Application Review – Household Size/Income

- Total number in the household should match the total number of household members in Step 1 and Step 3.
- Last 4 digits of the SSN of the primary wage earner or person signing application, if applicable
- If no SSN, check the box.
- Child income – all child income for children listed in Step 1, if applicable



Prototype Household Application for Free and Reduced Price School Meals

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

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ADDRESS:

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Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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 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.

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? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number ☐

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

B. Child Income

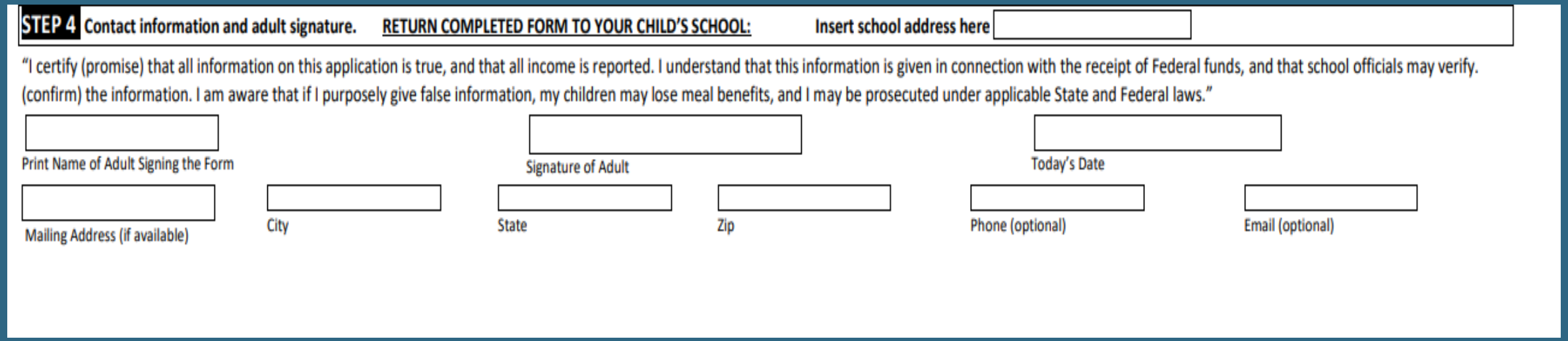
Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2X Month	Monthly	Annual
$	○	○	○	○	○

Application Review – Household Size/Income

Step 4 – Adult household member signature.

All other information in this section is optional.



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

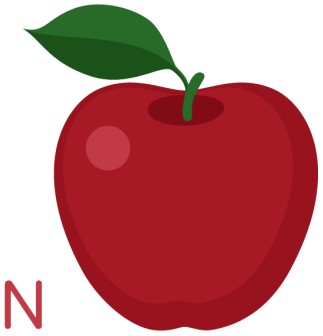
Phone (optional)

Email (optional)

Application Review– Household Size/Income

Optional – Ethnic/Racial Identity

FREE & REDUCED LUNCH APPLICATION



SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
• Salary, wages, cash bonuses, tips, commissions • 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 • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans' benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest. • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages. • 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. • A friend or extended family member regularly gives a child spending money. • A child receives regular income from a private pension fund, annuity, or trust.

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

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

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

Total Income | How often? (Weekly | Every 2 Weeks | 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

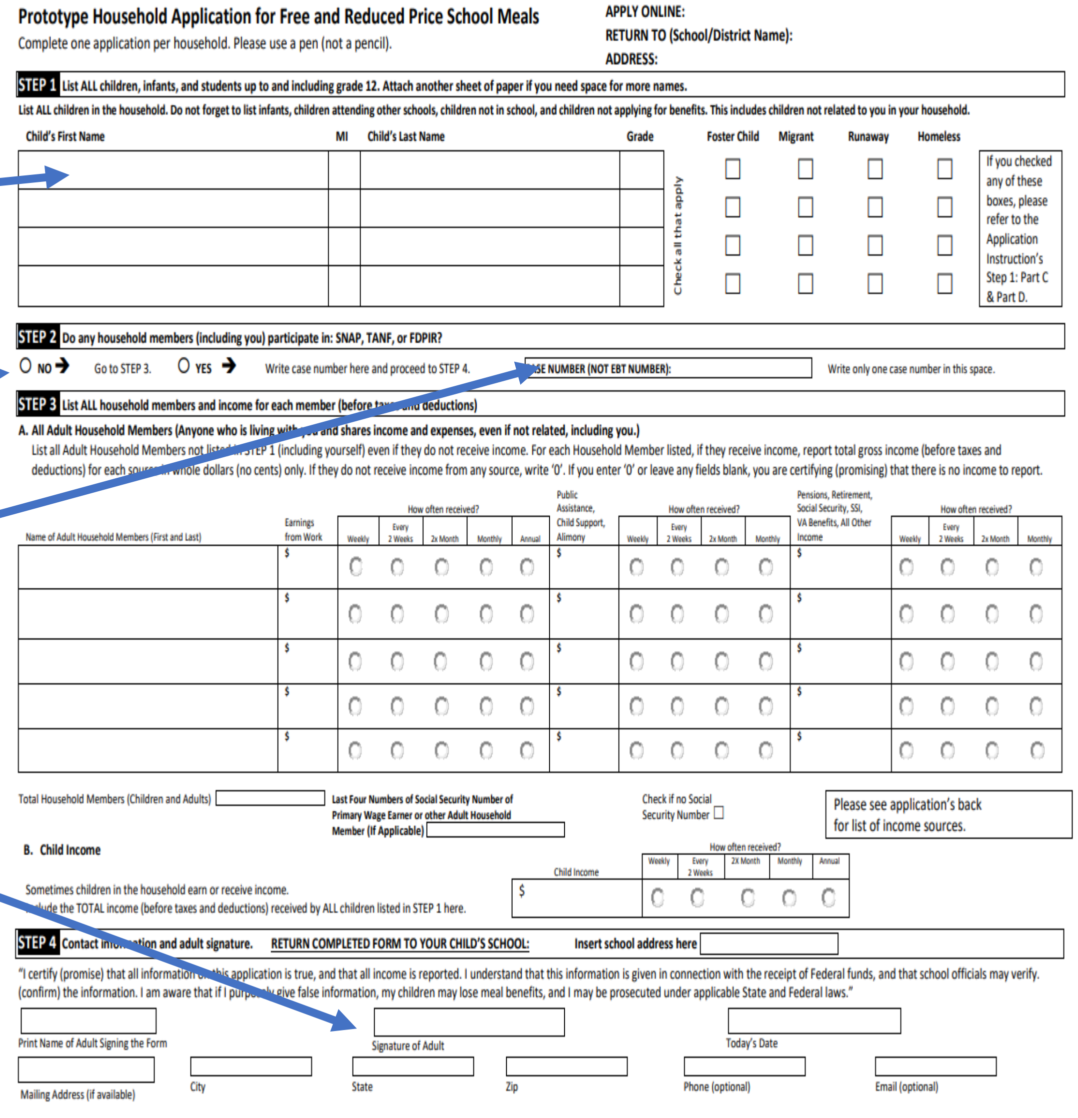
Application Review – SNAP/TANF

Step 1: Names of all children up to grade 12 in the household

Step 2: Check "yes" if the household receives SNAP, TANF or FDPIR

Enter case number

Adult signature



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	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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

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

O **NO** ➔ Go to STEP 3. O **YES** ➔ Write case number here and proceed to STEP 4. [illegible]SE NUMBER (NOT EBT NUMBER): Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before ta[illegible] deductions)

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

List all Adult Household Members not list[illegible] 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 sour[illegible] 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? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	O	O	O	O	O	$	O	O	O	O	$	O	O	O	O
	$	O	O	O	O	O	$	O	O	O	O	$	O	O	O	O
	$	O	O	O	O	O	$	O	O	O	O	$	O	O	O	O
	$	O	O	O	O	O	$	O	O	O	O	$	O	O	O	O
	$	O	O	O	O	O	$	O	O	O	O	$	O	O	O	O

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.
[illegible]lude the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2X Month	Monthly	Annual
$	O	O	O	O	O

STEP 4 Contact in[illegible]tion and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** **Insert school address here**

"I certify (promise) that all information [illegible] 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 pur[illegible] 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)

Complete Application

Household Size/Income Applications

- Must be processed in 10 operating days after receiving complete application.
- Determining official compute total income and compare to IEG.
- Send notification letter or contact parent via phone, text, email.

INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2023 to June 30, 2024

HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	14,580	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365
2	19,720	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986	493
3	24,860	45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243	622
4	30,000	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750
5	35,140	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879
6	40,280	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007
7	45,420	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136
8	50,560	93,536	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264
For each add'l family member, add	5,140	9,509	793	397	366	183	6,682	557	279	257	129
ALASKA											
1	18,210	33,689	2,808	1,404	1,296	648	23,673	1,973	987	911	456
2	24,640	45,584	3,799	1,900	1,754	877	32,032	2,670	1,335	1,232	616
3	31,070	57,480	4,790	2,395	2,211	1,106	40,391	3,366	1,683	1,554	777
4	37,500	69,375	5,782	2,891	2,669	1,335	48,750	4,063	2,032	1,875	938
5	43,930	81,271	6,773	3,387	3,126	1,563	57,109	4,760	2,380	2,197	1,099
6	50,360	93,166	7,764	3,882	3,584	1,792	65,468	5,456	2,728	2,518	1,259
7	56,790	105,062	8,756	4,378	4,041	2,021	73,827	6,153	3,077	2,840	1,420
8	63,220	116,957	9,747	4,874	4,499	2,250	82,186	6,849	3,425	3,161	1,581
For each add'l family member, add	6,430	11,896	992	496	458	229	8,359	697	349	322	161
HAWAII											
1	16,770	31,025	2,586	1,293	1,194	597	21,801	1,817	909	839	420
2	22,680	41,958	3,497	1,749	1,614	807	29,484	2,457	1,229	1,134	567
3	28,590	52,892	4,408	2,204	2,035	1,018	37,167	3,098	1,549	1,430	715
4	34,500	63,825	5,319	2,660	2,455	1,228	44,850	3,738	1,869	1,725	863
5	40,410	74,759	6,230	3,115	2,876	1,438	52,533	4,378	2,189	2,021	1,011
6	46,320	85,692	7,141	3,571	3,296	1,648	60,216	5,018	2,509	2,316	1,158
7	52,230	96,626	8,053	4,027	3,717	1,859	67,899	5,659	2,830	2,612	1,306
8	58,140	107,559	8,964	4,482	4,137	2,069	75,582	6,299	3,150	2,907	1,454
For each add'l family member, add	5,910	10,934	912	456	421	211	7,683	641	321	296	148

Income Conversion

No income conversion needed if household list all income in same frequency.

Income conversion needed if different income frequencies are provided:

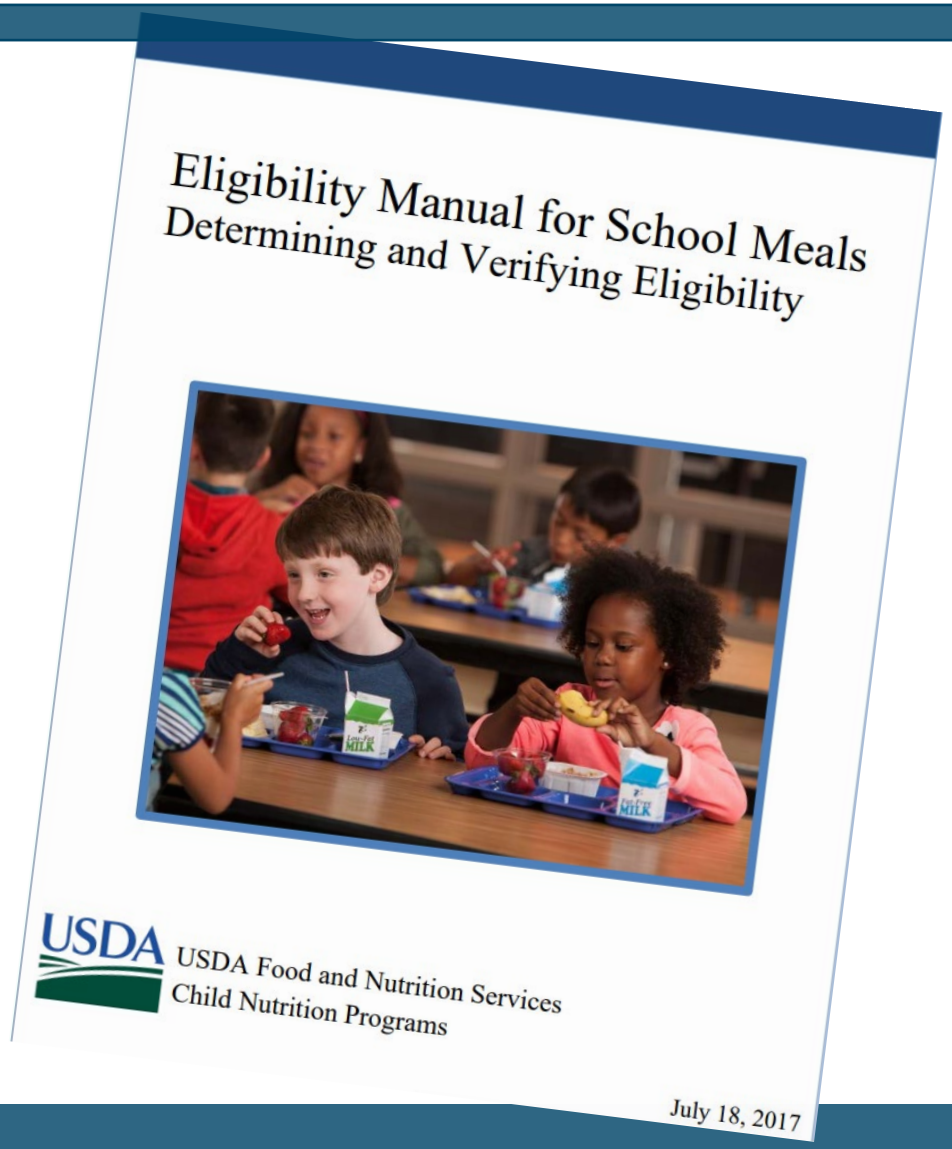
- Weekly income by 52;
- Bi-weekly income (received every two weeks) by 26;
- Semi-monthly income (received twice a month) by 24; or
- Monthly income by 12.

Must calculate income into entire annual income amount.

Complete Categorically Eligible Applications

IMPORTANT:

Determining officials must ensure that the Assistance Program's case number (or other identifier listed on the application) is consistent with the format used by the Assistance Program in their state.



Other Source Categorically Eligible

Applications for Other Source Categorical Eligibility will include a check box or other indicator to identify the child's status as foster, homeless, *migrant, or runaway.

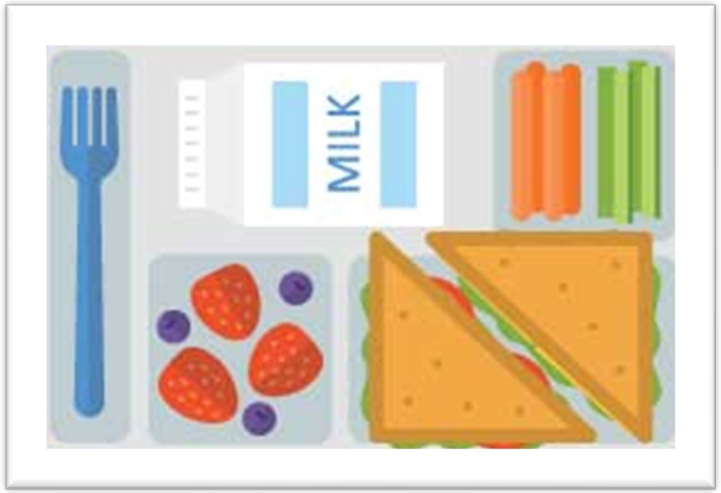
Foster and migrant are on DC file. District runaway/homeless liaison can provide confirmation of these students. Local foster children might not be on DC list. Check with local liaison.

Application Requirements:

- Student name
- Other source categorical eligibility box checked
- Adult signature

Complete the “School Use Only” Section

- Income conversion with frequency
- Total in household
- Categorical eligibility
- Meal determination (Free, reduced, denied)
- Determining official signature and date



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

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

Total Income

How often?

Weekly	Every 2 Weeks	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

Questions

- cnpnslp@alsde.edu
- Email: loria.hunter@alsde.edu

Subject Line: New Director June Webinar Question

Questions and answers will be compiled and shared via email.

Next webinar July 19 at 2:00 pm

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation*), disability, age, or reprisal or retaliation for prior civil rights activity.
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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

This institution is an equal opportunity provider.

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