




Free & Reduced Price Meal Applications (Part I)


School Year 2021-2022



Things to Note for SY 2021-2022

SFA / SCHOOL TYPE	DO I COLLECT APPLICATIONS?
RCCIs without day students	NO
Continuing CEP (participated in CEP <u>prior</u> to SY 2021-2022)	NO
NEW CEP School in SY 2021-2022	YES* (ONLY between July 1, 2021 - prior to midnight of the day before the first day of instruction)
Participating in SSO (non-RCCI, not a continuing CEP school)	YES*
NSLP / SBP (non-RCCI, non-CEP, not participating in SSO)	YES*

*Per SP15-2021: SFAs that collect household applications in SY 2021-2022 are required to conduct verification
The sample size used to conduct verification must be based on the number of approved applications on file as of October 1, 2021.



Objectives

- ▶ Purpose of applications
- ▶ The Free and Reduced Price Meal Application
- ▶ Application Materials
- ▶ Reviewing & processing applications
- ▶ Carryover period
- ▶ Master List
- ▶ Second / Independent Review of Applications



Purpose of Applications

- ▶ Documentation is required for student to receive free or reduced benefits
 - ▶ Direct Certification
 - ▶ Categorical Eligibility / Other Source Categorical Eligibility (participates in assistance program, homeless, runaway, migrant, foster)
 - ▶ Meal Applications
- ▶ Without documentation, student must pay for meals





Certification & Benefit Issuance – A Critical Area (PS 1)

- ▶ USDA research finds more than 1 in 5 applicants are certified incorrectly
 - ▶ Leads to mistaken denial of benefits
- ▶ Errors in the Certification and Benefit Issuance process are considered a Performance Standard 1 violation

Potential for Fiscal Action! \$






Direct Certification (DC)


- ▶ As soon as **July 1, 2021**, check the DC list in HCNP_S and complete matches
- ▶ Print and mail DC letters to households





Free and Reduced Price Application - Prototype

- ▶ DO NOT use last year's application
- ▶ The SY 2021-2022 version is available on HCNP website
- ▶ Recommend using HCNP's prototype application
 - ▶ Modeled after USDA prototype
- ▶ "HCNP Free and Reduced Price Meal Application SY 2021-22"
 - ▶ <http://hcnpp.hawaii.gov/overview/nsip/> ,
 - Program Resources → Free and Reduced Price Application



SP 09-2018


<https://fns-prod.azureedge.net/sites/default/files/cn/SP09-2018os.pdf>

- ▶ Web-based prototype released by USDA in 2016
 - ▶ Does not 'mimic' paper applications
 - ▶ Contains integrity features that ensure completeness & accuracy
- ▶ USDA encourages use of online applications to decrease error
 - ▶ Check if your POS is capable
- ▶ Potential to reach more families





Application Materials

- ▶ **Send to all households at or near the beginning of the school year:**
 - ▶ Free and Reduced Price Meal Application, SY 2021-2022
 - ▶ 'How to Apply for Free and Reduced Price School Meals'
 - ▶ 'Frequently Asked Questions About Free and Reduced Price School Meals'
- ▶ These are posted on HCNP website
 - ▶ <http://hcnpp.hawaii.gov/overview/nsip/>
 - Program Resources → Free and Reduced Price Application




Application Materials

- ▶ Notice to Households of Approval/Denial of Benefits
- ▶ Sharing Information with Other Programs
- ▶ Sharing Information with Medicaid/CHIP


STEP 1: Press Release


- ▶ Every SFA required to publish press release annually (start of SY)
 - ▶ Local news media, unemployment office, major employers in school area that are initiating large layoffs within school area
- ▶ USDA encourages sharing this information throughout the school year
 - ▶ School website, newsletters, social media
- ▶ A press release template is available on the HCNP website
- ▶ Don't pay to publish
- ▶ Keep copy on file for HCNP to review during Administrative Review



STEP 2: Application Packet


- ▶ Free and Reduced Price Application
 - ▶ If using HCNP Prototype, ensure school name is on front of application
- ▶ Instructions and Frequently Asked Questions Forms
 - ▶ If using HCNP forms, fill in blanks with appropriate information
- ▶ Print copies for every student enrolled at each school
 - ▶ Application, Instructions, FAQs





 **Applications for Summer P-EBT Purposes**


SFAs must inform families of the availability of the SY 21-22 F/R Price Meal Applications if:

- ▶ Participating in SSO (non-RCCL, non-CEP)
- ▶ Participating in NSLP/SBP
- ▶ New to CEP in SY 21-22
 - ▶ Distribute SY 21-22 F/R priced applications starting July 1, 2021
 - ▶ Accept applications from July 1, 2021 until prior to midnight of the day before the first day of instruction





 **Remember, you CANNOT require any child or household to submit an application. However, they must be aware that they have the right to do so at any time during the school year.**



 **A Word on Confidentiality**

- ▶ Always use caution when handling applications — they contain sensitive and confidential information
 - ▶ Name, address, household size, income, ethnicity/race, SNAP/TANF case number, etc.
- ▶ A student's eligibility must never be publicized or made accessible to unauthorized individuals






Free & Reduced Price Meal Applications, Part II


Please view the second part of this presentation:
<http://hcnp.hawaii.gov/training-resources/>






Free & Reduced Price Meal Applications (Part II)

School Year 2021-2022



STEP 4: Processing Applications

- ▶ Date stamp applications when they are returned to school
- ▶ Application must be processed **within 10 operating days** of receipt
- ▶ Check applications for completeness
- ▶ Remember: the sooner you process and certify an application, the sooner that student receives the benefit they are entitled to



Hawaii Child Nutrition Programs

SNAP / TANF Case Number

When a household submits an application indicating an Assistance Program:

- ▶ Verify that case number matches the format used by the applicable program
- ▶ The child must be given free meals
- ▶ The determining official should compare the case number to the DC list
 - ▶ If there's a match:
 - ▶ Retain the application on file, but do not process it
 - ▶ Place household on the DC list
 - ▶ Eligibility is extended to all children in the household
 - ▶ If no match:
 - ▶ Contact the household for clarification, or
 - ▶ Verify for cause

SNAP **TANF**

Hawaii Child Nutrition Programs

Incomplete Applications

- ▶ Number of household members does not equal number of names on application
- ▶ Frequency of income is missing
- ▶ Missing SNAP/TANF number (when #2 was checked 'yes')
- ▶ SNAP/TANF number is questionable
- ▶ No adult signature
- ▶ No SS# and 'none' box is not checked

Hawaii Child Nutrition Programs

Incomplete Applications

The SFA "should make reasonable efforts to contact the household in order to clarify or obtain the required information"

- ▶ Contact household to obtain missing information
- ▶ Document the communication
 - ▶ Initial/date, who was contacted in the household, and the outcome
 - ▶ Do not use white out!
- ▶ For missing signature: request parent come to school to sign the application
- ▶ If unable to contact the household, send "Notice of Approval/Denial of Benefits"
 - ▶ Denied for incomplete application



Indication of 'No Income'

- ▶ Application instructions explain how a household should report income
 - ▶ If a household member(s) does not have income, they should mark 'zero' in income field
 - ▶ Leaving income field blank is indicative of 'no income'
- ▶ An application with a blank income field is considered complete and can be processed
 - ▶ Suspicious applications – Verify for Cause (October)





Income Eligibility Guidelines

- ▶ Not available to general public
- ▶ Ensure the SY 2021-22 guidelines are being used
- ▶ Income conversion factors are on bottom back of HCNP prototype application
- ▶ If application indicates multiple income frequencies:
 - ▶ Convert to annual income then make determination





INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Use for all Child Nutrition Programs to determine eligibility for Free and Reduced-Price Meals or MRE.

EFFECTIVE DATE: JULY 1, 2021 TO JUNE 30, 2022

FREE MEALS					REDUCED-PRICE MEALS					
Family Size	Yearly	Monthly	Every Two Weeks	Weekly	Family Size	Yearly	Monthly	Every Two Weeks	Weekly	
1	16,360	1,363	803	741	371	1	27,417	2,285	1,543	1,055
2	26,052	2,171	1,305	1,052	501	2	37,074	3,089	1,545	1,426
3	32,038	2,727	1,303	1,263	632	3	46,731	3,893	1,948	1,788
4	38,024	3,282	1,651	1,524	762	4	56,388	4,698	2,350	2,189
5	44,010	3,668	1,854	1,735	893	5	66,045	5,502	2,752	2,541
6	50,000	4,175	2,217	2,046	1,023	6	75,702	6,306	3,155	2,912
7	56,000	4,682	2,580	2,357	1,154	7	85,359	7,110	3,557	3,284
8	62,000	5,189	2,942	2,668	1,284	8	95,016	7,914	3,959	3,655
9	68,000	5,696	3,305	2,979	1,415	9	104,673	8,718	4,362	4,027
10	74,000	6,203	3,668	3,290	1,546	10	114,330	9,522	4,765	4,399
11	80,000	6,710	4,031	3,601	1,677	11	123,987	10,326	5,168	4,771
12	86,000	7,217	4,394	3,912	1,808	12	133,644	11,130	5,571	5,143
13	92,000	7,724	4,757	4,223	1,939	13	143,301	11,934	5,974	5,515
14	98,000	8,231	5,120	4,534	2,070	14	152,958	12,738	6,377	5,887
15	104,000	8,738	5,483	4,845	2,201	15	162,615	13,542	6,780	6,259
16	110,000	9,245	5,846	5,156	2,332	16	172,272	14,346	7,183	6,631
17	116,000	9,752	6,209	5,467	2,463	17	181,929	15,150	7,586	7,003
18	122,000	10,259	6,572	5,778	2,594	18	191,586	15,954	7,989	7,375
19	128,000	10,766	6,935	6,089	2,725	19	201,243	16,758	8,392	7,747
20	134,000	11,273	7,298	6,400	2,856	20	210,900	17,562	8,795	8,119
21	140,000	11,780	7,661	6,711	2,987	21	220,557	18,366	9,198	8,491
22	146,000	12,287	8,024	7,022	3,118	22	230,214	19,170	9,601	8,863
23	152,000	12,794	8,387	7,333	3,249	23	239,871	19,974	10,004	9,235
24	158,000	13,301	8,750	7,644	3,380	24	249,528	20,778	10,407	9,607
25	164,000	13,808	9,113	7,955	3,511	25	259,185	21,582	10,810	9,979
26	170,000	14,315	9,476	8,266	3,642	26	268,842	22,386	11,213	10,351
27	176,000	14,822	9,839	8,577	3,773	27	278,499	23,190	11,616	10,723
28	182,000	15,329	10,202	8,888	3,904	28	288,156	23,994	12,019	11,095
29	188,000	15,836	10,565	9,199	4,035	29	297,813	24,798	12,422	11,467
30	194,000	16,343	10,928	9,510	4,166	30	307,470	25,602	12,825	11,839

*Note: Please file the Income Eligibility Guidelines with your Meal Benefit Form (OMB) or Applications for Free and Reduced-Price Meals or MRE at the end of the fiscal year.



[illegible]



Carryover Period

Eligibility from previous SY carries over for up to 30 operating days into new school year or when new eligibility is determined (whichever comes first)

- ▶ 30 operating days begins on the first operating day of school
- ▶ 30 OPERATING days / Carryover Period
 - ▶ Notification not required, but highly encouraged
 - ▶ Encourage families to reapply PRIOR to the end of the carryover period
- ▶ Remember...10 OPERATING days: MUST make determination and notify household





Discontinuing Benefits

- ▶ At end of 30 operating days, benefits must be stopped if an application for current SY was not submitted
- ▶ If the child has been determined ineligible based on new application, new status is effective immediately
 - ▶ Do not wait until end of 30 day carryover period





Helpful Tips



- ▶ Keep a separate log with a tally of the answers to the ethnicity/race questions
 - ▶ This will be useful for completing the Ethnic Data Report
- ▶ Identify error prone applications
 - ▶ Add a check mark, use post-its, etc.
 - ▶ MUCH easier when verification rolls around in October



Hawaii Child Nutrition Programs

Master List

- Each school **MUST** have a system for issuing benefits and updating each student's eligibility status
 - List must be maintained onsite
- This is what is referred to as the Master List
 - Consists of name of each student enrolled (updated continually throughout the year), eligibility status/changes, start and end dates
- Separate from meal counting system and POS
- Helpful in completing edit checks

Hawaii Child Nutrition Programs

Sample Master List

MASTER LIST FOR NATIONAL SCHOOL LUNCH PROGRAM

School Year: 2021-2022
School: Akamai Elementary

Free Students by Income (Application)	Start Date	End Date	Comments
Johnny Apple	7/1/2021	6/30/2021	Charged to DC
Reginald Jones			

<http://hcnp.hawaii.gov/overview/inslp/> Program Resources → Free and Reduced Price Application

Hawaii Child Nutrition Programs


Sample Master List

School Year: _____
School Name: _____

The purposes for keeping this information are:


- to have numbers readily available for the monthly edit check on the reimbursement claim,
- to compare to the roster/checklist or POS for accuracy in the benefit issuance,
- to complete the verification summary, and
- this information will be requested during an administrative review.



	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
DC												
Categorically Eligible												
Free by Income												
TOTAL FREE	0	0	0	0	0	0	0	0	0	0	0	0
Reduced Price												
Paid												



Independent / Second Review of Applications


- ▶ Criteria
 - ▶ 10% or greater error
 - ▶ HCNP discretion
- ▶ Completed before eligibility determinations made
 - ▶ Still adhere to 10 operating day requirement
- ▶ Requirement to review all applications a second time
 - ▶ Ensures certification accuracy
 - ▶ Upholds program integrity



Reminders

- ▶ Only ONE application per household is needed
- ▶ You cannot require a household to submit an application
- ▶ If a household qualifies for benefits, but refuses, a statement of refusal (in writing) must be obtained – ensure signed and dated
- ▶ All approvals are good for the entire school year, plus 30 day carryover
 - ▶ Verification – may cause change in status



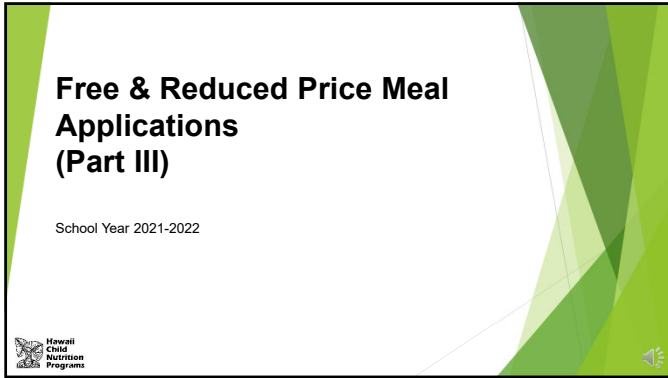


Free & Reduced Price Meal Applications, Part III

Please view the third part of this presentation:

<http://hcnp.hawaii.gov/training-resources/>



2021-2022 Application for Free and Reduced Price School Meals
 (Application for household. Please use a pen (not a pencil).)

School: Springfield Elementary School

Earnings from Work:
 \$2000 + \$1500 = \$3500

Frequency:
 Monthly (x12)

\$3500 x 12 months = \$42,000 annually

FREE

STEP 1: [Initials] Household Members who are infants, children, and students up to and including grade 12 (If more space is required for additional names, attach another sheet of paper)

A. Child's Name (First, Middle Initial, Last)	Age	Gender	Student?	E. Name of School	F. Grade
Burt J. Simpson	10	M	<input checked="" type="checkbox"/>	Springfield Elementary School	5
Lisa M. Simpson	10	F	<input checked="" type="checkbox"/>	Springfield Elementary School	3
Maggie Simpson	10	F	<input checked="" type="checkbox"/>		

STEP 2: [Initials] Do any Household Members (including you) currently participate in one or more of the following assistance programs (SNAP or TANF)? (Check one: ☐ Yes ☒ No) **Case Number:** _____

STEP 3: [Initials] Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2.)

A. Child Income
 Are you currently and regularly receiving any of the following income assistance programs? (Check one: ☐ Yes ☒ No)
 SNAP (Food Stamps) ☐ TANF (Cash Assistance) ☐ Medicaid (Health Insurance) ☐ Other (Specify): _____

B. All Adult Household Members (including yourself)
 List all adult household members (age 18+) including yourself even if they do not receive income. For each household member, list their name, date of birth, and whether they are currently receiving SNAP or TANF. If you are currently receiving SNAP or TANF, list the program name and the case number. If you are not receiving any of these programs, check the 'No' box. (If you are not sure, check the 'No' box.)

Name (Last, First, Middle Initial)	Date of Birth (MM/DD/YYYY)	SNAP	TANF	Medicaid	Other
Homer Simpson	11/11/56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marge Simpson	11/11/56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

C. Total Household Income
 List the total household income for the previous 12 months. (If you are not sure, check the 'No' box.)

Source of Income	Amount (Monthly)
Wages/Salary	\$3500
Other	
Total	\$3500

STEP 4: Confirm Information and adult signature

Applicant: Marge J. Simpson **Signature:** _____ **Date:** 8/3/2021

Witness: Ned Flanders **Signature:** _____ **Date:** 8/3/2021

Case Number: 123456789 **SNAP Case Number:** 123456789 **TANF Case Number:** 123456789

Hawaii Child Nutrition Program

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Total Income: \$3500 **Per:** ☒ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year **Household size:** 4

Eligibility: ☒ Free ☐ Reduced ☐ Denied ☐ Other

Determining Official's Signature: Ned Flanders **Date:** 8/3/2021 **Confirmed by:** Monty Burns **Date:** 8/7/2021

Confirming Official's Signature: _____ **Date:** _____ **Verifying Official's Signature:** _____ **Date:** _____

2021-2022 Application for Free and Reduced Price School Meals
 Complete one application per household. Please use a pen (not a pencil). School: **Fresh High School**

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

A. Child's Name (First, Middle Initial, Last)	Age	Gender	Student?	E. Name of School	F. Grade
Will Smith	68	Male	Yes	Fresh High School	12
Carlton Banks	68	Male	Yes	Fresh High School	11
Ashley Banks	68	Female	Yes	Freshie Middle School	8

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs?
 If you answered YES to any of the following, please check the appropriate box(es). (Do not complete STEP 3.)

STEP 3 Report Income for ALL Household Members (Skip this step if you answered YES to any of the following assistance programs in STEP 2.)

A. Child Income (If you are a parent or guardian, report the child's income for the year ending on the date you are completing this form. If you are not a parent or guardian, report the child's income for the year ending on the date you are completing this form.)

B. All Adult Household Members (including yourself) (If you are a parent or guardian, report the adult's income for the year ending on the date you are completing this form. If you are not a parent or guardian, report the adult's income for the year ending on the date you are completing this form.)

STEP 4 Contact information and adult signature
 Verify, complete, and sign the information on this page in connection with the school of choice. The school office may check the information. You must sign if you are a parent or guardian. If you are not a parent or guardian, you must sign if you are the adult responsible for the child's care.

Signature of adult completing the form: **Philip Banks** Date: **1903 Kabala Road** City: **HI** State: **96716** Today's date: **August 1, 2021**

INCOMPLETE!
 # of household members does not match # of names
 No adult signature

2021-2022 Application for Free and Reduced Price School Meals
 Complete one application per household. Please use a pen (not a pencil). School: **Mele High School**

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

A. Child's Name (First, Middle Initial, Last)	Age	Gender	Student?	E. Name of School	F. Grade
Kawee Swanson	68	Male	Yes	Mele High School	12
Baby Swanson (unborn)	68	Female	Yes	Mele High School	12

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs?
 If you answered YES to any of the following, please check the appropriate box(es). (Do not complete STEP 3.)

STEP 3 Report Income for ALL Household Members (Skip this step if you answered YES to any of the following assistance programs in STEP 2.)

A. Child Income (If you are a parent or guardian, report the child's income for the year ending on the date you are completing this form. If you are not a parent or guardian, report the child's income for the year ending on the date you are completing this form.)

B. All Adult Household Members (including yourself) (If you are a parent or guardian, report the adult's income for the year ending on the date you are completing this form. If you are not a parent or guardian, report the adult's income for the year ending on the date you are completing this form.)

STEP 4 Contact information and adult signature
 Verify, complete, and sign the information on this page in connection with the school of choice. The school office may check the information. You must sign if you are a parent or guardian. If you are not a parent or guardian, you must sign if you are the adult responsible for the child's care.

Signature of adult completing the form: **Joe Swanson** Date: **1903 Hanalei Avenue** City: **HI** State: **96720** Today's date: **August 1, 2021**

MORE INFORMATION NEEDED
 Verify if child is on the DC list
 If not on DC list:
 Verify unborn child / # of household members
 Verify income frequency

2021-2022 Application for Free and Reduced Price School Meals
 Complete one application per household. Please use a pen (not a pencil). School: **Akamai Middle School**

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

A. Child's Name (First, Middle Initial, Last)	Age	Gender	Student?	E. Name of School	F. Grade
Joe King	68	Male	Yes	Akamai Middle School	12
May King	68	Female	Yes	Akamai Middle School	11
Lea King	68	Female	Yes	Akamai Middle School	10

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs?
 If you answered YES to any of the following, please check the appropriate box(es). (Do not complete STEP 3.)

STEP 3 Report Income for ALL Household Members (Skip this step if you answered YES to any of the following assistance programs in STEP 2.)

A. Child Income (If you are a parent or guardian, report the child's income for the year ending on the date you are completing this form. If you are not a parent or guardian, report the child's income for the year ending on the date you are completing this form.)

B. All Adult Household Members (including yourself) (If you are a parent or guardian, report the adult's income for the year ending on the date you are completing this form. If you are not a parent or guardian, report the adult's income for the year ending on the date you are completing this form.)



STEP 4 Contact information and adult signature
 Verify, complete, and sign the information on this page in connection with the school of choice. The school office may check the information. You must sign if you are a parent or guardian. If you are not a parent or guardian, you must sign if you are the adult responsible for the child's care.

Signature of adult completing the form: **Marc King** Date: **650 11th Avenue** City: **HI** State: **96761** Today's date: **July 29, 2021**

Earnings from Work = \$1500
 Frequency = Biweekly (x26)
 \$1500 x 26 = \$39,000 Annually

FREE MEALS


Family Size	Yearly	Monthly	Month	Every Two Weeks	Weekly
1	19,266	1,606	803	741	371
2	26,052	2,171	1,086	1,002	501
3	32,838	2,737	1,369	1,263	632
4	39,624	3,302	1,651	1,524	762
5	46,410	3,868	1,934	1,785	893





Resources

- ▶ 'Eligibility Manual for School Meals – Determining and Verifying Eligibility'
 - ▶ Most current version: revised July 18, 2017
 - ▶ https://fns-prod.azureedge.net/sites/default/files/cn/SP36_CACFP15_SFSP11-2017a1.pdf
- ▶ USDA Policies
 - ▶ SP 28-2017 – Prototype Applications
 - ▶ SP 09-2018 – Web-based Applications
 - ▶ SP44-2014 – Q&As Related to the Independent Review of Applications
- ▶ HCNP Website
 - ▶ <http://hcnp.hawaii.gov/overview/nsip/>

Program Resources → Free and Reduced Price Applications







Quiz Time!

Link to Google Forms Quiz:

<https://forms.gle/6oFEjg1Gc3Ttp82g7>



QUESTIONS?




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