


Free & Reduced Price Meal Applications



School Year 2022-2023





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









For SY 2022-2023, USDA FNS does not have the authority to issue new nationwide waivers that extend beyond SY 2021-2022


What does this mean???


- Seamless Summer Option (SSO) during SY 2022-2023 is not an option
 - For SY 2022-2023, schools must return to serving meals under the NSLP / SBP
- For non-RCCI and non-CEP schools:
 - Reimbursement will be based on the number of reimbursable meals served at the free, reduced, and paid rates
 - Must return to collecting Free & Reduced Price Meal Applications
- RCCIs and schools participating in CEP do not collect meal applications
 - All students receive meals free of charge

 **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, 2022**, check the DC list in HCNP Systems and complete matches
- ▶ Print and mail DC letters to households



Free and Reduced Price Application - Prototype

- ▶ DO NOT use last year's application
- ▶ Recommend using HCNP's prototype application
 - ▶ Modeled after USDA prototype
- ▶ The SY 2022-2023 version is available on HCNP's website
- ▶ "HCNP Free and Reduced Price Meal Application SY 2022-23"
 - ▶ <http://hcnp.hawaii.gov/overview/nsfp/>,
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 2022-2023
 - ▶ '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://hcnp.hawaii.gov/overview/nsfp/>,
Program Resources → Free and Reduced Price Application






Application Materials

Other forms available on HCNP's website:

<https://hcnpp.hawaii.gov/overview/nsip/> → Program Resources
→ Free and Reduced Price Application


- ▶ 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



2022-2023 Application for Free and Reduced Price School Meals
 (There are applications per household. Please use a pen and a pencil.)

School:

STEP 1: Information about your household

A. Child's Name (First, Middle Initial, Last)

B. Date of Birth

C. Student?

D. E. Name of School

F. Grade

STEP 2: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Check one: ☐ yes ☐ no

If you answered NO - Complete STEPS 3 and 4. If you answered YES - Fill in a case number here that you go to STEP 4 (Do not complete STEP 3).

STEP 3: Report Income for ALL Household Members (Use this step if you answered YES to STEP 2)

A. Child Income

B. All Adult Household Members (including yourself)

C. Total Household Income

D. Last Four Digits of Social Security Number (SSN) of Primary Household Member


STEP 4: Contact Information and adult signature

Printed name of adult completing the form: _____ Date: _____ Signature Phone and Email optional: _____


Signature of adult completing the form: _____ Date: _____ Signature Date: _____

STEP 3: Sending to Households

- School year begins July 1st
 - Send application packet near beginning of school year to allow time to process
- Best practices for making materials available:
 - Send home with each student on first day of school
 - Mail to household (email as an alternative)
 - Put in registration/enrollment packet
 - Post on school website, if applicable



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





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







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





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








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)




Hawaii Child Nutrition Programs


Income Eligibility Guidelines

- ▶ Not available to general public
- ▶ Ensure the SY 2022-23 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





**Hawaii
Child
Nutrition
Programs**



**Hawaii
Department
of Education**


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 Milk.

EFFECTIVE DATE: JULY 1, 2022 TO JUNE 30, 2023

FREE MEALS					REDUCED-PRICE MEALS					
Family Size	Yearly	Monthly	From Two Weeks	Weekly	Family Size	Yearly	Monthly	From Two Weeks	Weekly	
1	25,315	1,884	847	782	31	25,315	2,455	1,805	1,113	507
2	27,378	2,262	1,141	1,053	32	35,961	3,247	1,624	1,409	706
3	34,437	2,870	1,475	1,325	33	45,807	4,084	2,042	1,805	943
4	41,496	3,458	1,779	1,599	34	55,052	4,921	2,461	2,272	1,136
5	48,555	4,047	2,024	1,863	35	65,088	5,759	2,880	2,658	1,329
6	55,614	4,635	2,318	2,129	36	75,143	6,596	3,298	3,044	1,522
7	62,673	5,223	2,612	2,411	37	85,189	7,433	3,717	3,431	1,716
8	69,732	5,811	2,906	2,692	38	95,234	8,270	4,135	3,817	1,909
9	76,791	6,400	3,201	2,954	39	105,280	9,108	4,554	4,204	2,103
10	83,850	6,989	3,496	3,220	40	115,325	9,945	4,973	4,591	2,297
11	90,909	7,578	3,791	3,488	41	125,372	10,784	5,392	4,979	2,491
12	97,968	8,167	4,086	3,770	42	135,419	11,622	5,811	5,365	2,685
13	105,027	8,756	4,381	4,042	43	145,464	12,460	6,230	5,752	2,879
14	112,086	9,345	4,676	4,324	44	155,510	13,298	6,649	6,139	3,073
15	119,145	9,934	4,971	4,606	45	165,555	14,136	7,068	6,526	3,267
16	126,204	10,523	5,266	4,888	46	175,601	14,974	7,487	6,913	3,461
17	133,263	11,112	5,561	5,170	47	185,646	15,812	7,906	7,299	3,655
18	140,322	11,701	5,856	5,452	48	195,692	16,650	8,325	7,686	3,849
19	147,381	12,290	6,151	5,734	49	205,737	17,488	8,744	8,072	4,043
20	154,440	12,879	6,446	6,016	50	215,783	18,326	9,163	8,459	4,237
21	161,499	13,468	6,741	6,298	51	225,828	19,164	9,582	8,846	4,431
22	168,558	14,057	7,036	6,580	52	235,874	19,999	10,000	9,232	4,625
23	175,617	14,646	7,331	6,862	53	245,919	20,837	10,419	9,619	4,819
24	182,676	15,235	7,626	7,144	54	255,964	21,675	10,838	10,006	5,013
25	189,735	15,824	7,921	7,426	55	266,009	22,513	11,257	10,393	5,207
26	196,794	16,413	8,216	7,708	56	276,054	23,351	11,676	10,780	5,401
27	203,853	17,002	8,511	7,990	57	286,100	24,189	12,095	11,167	5,595
28	210,912	17,591	8,806	8,272	58	296,145	25,027	12,514	11,554	5,789
29	217,971	18,180	9,101	8,554	59	306,190	25,865	12,933	11,941	5,983
30	225,030	18,769	9,396	8,836	60	316,235	26,703	13,352	12,328	6,177
31	232,089	19,358	9,691	9,118	61	326,280	27,541	13,771	12,715	6,371
32	239,148	19,947	9,986	9,400	62	336,325	28,379	14,190	13,102	6,565
33	246,207	20,536	10,281	9,682	63	346,370	29,217	14,609	13,489	6,759
34	253,266	21,125	10,576	9,964	64	356,415	30,055	15,028	13,876	6,953
35	260,325	21,714	10,871	10,246	65	366,460	30,893	15,447	14,263	7,147
36	267,384	22,303	11,166	10,528	66	376,505	31,731	15,866	14,650	7,341
37	274,443	22,892	11,461	10,810	67	386,550	32,569	16,285	15,037	7,535
38	281,502	23,481	11,756	11,092	68	396,595	33,407	16,704	15,424	7,729
39	288,561	24,070	12,051	11,374	69	406,640	34,245	17,123	15,811	7,923
40	295,620	24,659	12,346	11,656	70	416,685	35,083	17,542	16,198	8,117
41	302,679	25,248	12,641	11,938	71	426,730	35,921	17,961	16,585	8,311
42	309,738	25,837	12,936	12,220	72	436,775	36,759	18,380	16,972	8,505
43	316,797	26,426	13,231	12,502	73	446,820	37,597	18,799	17,359	8,699
44	323,856	27,015	13,526	12,784	74	456,865	38,435	19,218	17,746	8,893
45	330,915	27,604	13,821	13,066	75	466,910	39,273	19,637	18,133	9,087
46	337,974	28,193	14,116	13,348	76	476,955	40,111	20,056	18,520	9,281
47	345,033	28,782	14,411	13,630	77	487,000	40,949	20,475	18,907	9,475
48	352,092	29,371	14,706	13,912	78	497,045	41,787	20,894	19,294	9,669
49	359,151	29,960	15,001	14,194	79	507,090	42,625	21,313	19,681	9,863
50	366,210	30,549	15,296	14,476	80	517,135	43,463	21,732	20,068	10,057
51	373,269	31,138	15,591	14,758	81	527,180	44,301	22,151	20,455	10,251
52	380,328	31,727	15,886	15,040	82	537,225	45,139	22,570	20,842	10,445
53	387,387	32,316	16,181	15,322	83	547,270	45,977	22,989	21,229	10,639
54	394,446	32,905	16,476	15,604	84	557,315	46,815	23,408	21,616	10,833
55	401,505	33,494	16,771	15,886	85	567,360	47,653	23,827	22,003	11,027
56	408,564	34,083	17,066	16,168	86	577,405	48,491	24,246	22,390	11,221
57	415,623	34,672	17,361	16,450	87	587,450	49,329	24,665	22,777	11,415
58	422,682	35,261	17,656	16,732	88	597,495	50,167	25,084	23,164	11,609
59	429,741	35,850	17,951	17,014	89	607,540	51,005	25,503	23,551	11,803
60	436,800	36,439	18,246	17,296	90	617,585	51,843	25,922	23,938	12,000
61	443,859	37,028	18,541	17,578	91	627,630	52,681	26,341	24,325	12,194
62	450,918	37,617	18,836	17,860	92	637,675	53,519	26,760	24,712	12,388
63	457,977	38,206	19,131	18,142	93	647,720	54,357	27,179	25,099	12,582
64	465,036	38,795	19,426	18,424	94	657,765	55,195	27,598	25,486	12,776
65	472,095	39,384	19,721	18,706	95	667,810	56,033	28,017	25,873	12,970
66	479,154	39,973	20,016	18,988	96	677,855	56,871	28,436	26,260	13,164
67	486,213	40,562	20,311	19,270	97	687,900	57,709	28,855	26,647	13,358
68	493,272	41,151	20,606	19,552	98	697,945	58,547	29,274	27,034	13,552
69	500,331	41,740	20,901	19,834	99	707,990	59,385	29,693	27,421	13,746
70	507,390	42,329	21,196	20,116	100	718,035	60,223	30,112	27,808	13,940


*Note: Please use the Income Eligibility Guidelines with your Meal Benefit Form (MBS) on Applications for Free and Reduced-Price Meals or Milk at the end of the following recipient.




Hawaii Child Nutrition Programs


Finish Processing the Application

- ▶ Complete bottom portion of back page: (FOR SCHOOL USE ONLY)
- ▶ Determining official signs, dates, and designates eligibility
- ▶ **Confirming official checks the application, signs and dates the form**
- ▶ Within 30 days of eligibility determination







Notice of Approval or Denial



- ▶ ALL households must be notified of their eligibility status
- ▶ Make two copies of the letter:
 - ▶ Send the original to the household
 - ▶ Keep a copy on file at school
- ▶ A letter template is available for use on HCNP's website





NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

SCHOOL NAME: _____ DATE: _____

Dear Parent/Guardian:

You applied for free or reduced lunch for the following child(ren): _____

Your application was:

- ☐ approved for free meals
- ☐ approved for reduced price meals at \$ _____ per lunch, \$ _____ for breakfast, and \$ _____ for snacks
- ☐ denied for the following reason(s): _____
- ☐ denied for the following reason(s): _____
- ☐ incomplete application because: _____
- ☐ other: _____

If you do not agree with the decision, you may discuss it with (school official's name) at (phone number) or at (e-mail address). If you wish to make the decision final, you have rights to file a hearing. This can be done by writing or meeting the following official:

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____

Signature: _____ Date: _____


New Determination Statement: This application refers to the determination you have been issued earlier. Determinations will follow the rights for appeal of the Department of Education (DOE) and are subject to appeal and policies. This determination is subject to appeal and policies. If you wish to make the decision final, you have rights to file a hearing. This can be done by writing or meeting the following official: _____

Program administrators may be made available to answer questions from the public. Persons with disabilities who require alternative means of communication to obtain program information, such as large print, Braille, or other accessible formats, should contact the responsible local health department administrator for assistance. (Hawaii Revised Statutes, Chapter 342C, Section 342C-10(a)(2))

To file a program determination complaint, a Complaint must complete Form 40-1001 (2014) Program Determination Complaint. Form 40-1001 (2014) is available at: <https://www.hawaii.gov/education/child-nutrition/40-1001-program-determination-complaint/>. For more information, please contact the Department of Education, Office of Child Nutrition, at (808) 586-1000 or (808) 586-1001. For more information, please contact the Department of Education, Office of Child Nutrition, at (808) 586-1000 or (808) 586-1001.

1. **mail**
 2. **fax**
 3. **email**
 4. **in person**

The signature is an equal opportunity provider.





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



 **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





Sample Master List

MASTER LIST FOR NATIONAL SCHOOL LUNCH PROGRAM
Free By Income (Application)

School Year: 2022-2023
 School: Akamai Elementary

Free Students by Income (Application)	Start Date	End Date	Comments
Quahia Jones	7/15/2022	8/31/2022	Changed to DC

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

Sample Master List

School Year: _____
 School Name: _____

The purposes for keeping this information are:

1. to have numbers readily available for the monthly edit check on the reimbursement claim,
2. to compare to the roster/checklist or POS for accuracy in the benefit issuance,
3. to complete the verification summary, and
4. 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

RECHECK REQUIRED

Activity: Certifying Applications

2022-2023 Application for Free and Reduced Price School Meals
 All households must submit this application for free or reduced price school meals as part of one payment.

Step 1 **Fill in Household Member names (last names, first names, and middle initials) and include grade 12 if you are required for additional courses, attach another sheet if required.**

Student's Name	A. CHILD Name (First, Middle Initial, Last)			B. School			C. Student?	D. Name of School	E. Grade
	First	Middle Initial	Last	Elementary	Intermediate	High			
Student 1	Blank J.		Simmons	01	00	00	00	Springfield Elementary School	4
Student 2	Blank L.		Simmons	00	00	00	00	Springfield Elementary School	3
Student 3	Blank M.		Simmons	00	00	00	00	Springfield Elementary School	

Step 2 **Verify Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?** (Check one) ☐ Yes ☐ No

If you answered NO - Complete Steps 3 and 4. If you answered YES - Use a case number from here to go to Step 4. Case Number:

Step 3 **Report Income for All Household Members (including you) for the last 12 months. Use 12 months "Net" or 12SP.**

A. Child Income

1. Child Income is the household cash or net income from all sources during the 12SP, gross income reported by all children in the household. (Household members below 12SP 18 months)

B. All Adult Household Members (including applicant)

2. All Adult Household Members (including applicant) must report their gross income for the 12SP. If you are a household member who is not required to report income, you must report your income as zero. If you are a household member who is required to report income, you must report your income as the amount you received during the 12SP. If you are a household member who is not required to report income, you must report your income as zero. If you are a household member who is required to report income, you must report your income as the amount you received during the 12SP.

Household Member	Name	Relationship	12SP Gross Income (Net Income)											
			1	2	3	4	5	6	7	8	9	10	11	12
Household Member 1	Blank J.	01	00	00	00	00	00	00	00	00	00	00	00	00
Household Member 2	Blank L.	01	00	00	00	00	00	00	00	00	00	00	00	00
Household Member 3	Blank M.	01	00	00	00	00	00	00	00	00	00	00	00	00

Step 4 **Contact information and adult signature**

1. Household Address: 2. Household Phone: 3. Household Email:

4. Household Member Signature: 5. Household Member Title:

6. Household Member Name: 7. Household Member Address:

8. Household Member Phone: 9. Household Member Email:

10. Household Member Signature: 11. Household Member Title:

12. Household Member Name: 13. Household Member Address:

14. Household Member Phone: 15. Household Member Email:

16. Household Member Signature: 17. Household Member Title:

18. Household Member Name: 19. Household Member Address:

20. Household Member Phone: 21. Household Member Email:

22. Household Member Signature: 23. Household Member Title:

24. Household Member Name: 25. Household Member Address:

26. Household Member Phone: 27. Household Member Email:

28. Household Member Signature: 29. Household Member Title:

30. Household Member Name: 31. Household Member Address:

32. Household Member Phone: 33. Household Member Email:

34. Household Member Signature: 35. Household Member Title:

36. Household Member Name: 37. Household Member Address:

38. Household Member Phone: 39. Household Member Email:

40. Household Member Signature: 41. Household Member Title:

42. Household Member Name: 43. Household Member Address:

44. Household Member Phone: 45. Household Member Email:

46. Household Member Signature: 47. Household Member Title:

48. Household Member Name: 49. Household Member Address:

50. Household Member Phone: 51. Household Member Email:

52. Household Member Signature: 53. Household Member Title:

54. Household Member Name: 55. Household Member Address:

56. Household Member Phone: 57. Household Member Email:

58. Household Member Signature: 59. Household Member Title:

60. Household Member Name: 61. Household Member Address:

62. Household Member Phone: 63. Household Member Email:

64. Household Member Signature: 65. Household Member Title:

66. Household Member Name: 67. Household Member Address:

68. Household Member Phone: 69. Household Member Email:

70. Household Member Signature: 71. Household Member Title:

72. Household Member Name: 73. Household Member Address:

74. Household Member Phone: 75. Household Member Email:

76. Household Member Signature: 77. Household Member Title:

78. Household Member Name: 79. Household Member Address:

80. Household Member Phone: 81. Household Member Email:

82. Household Member Signature: 83. Household Member Title:

84. Household Member Name: 85. Household Member Address:

86. Household Member Phone: 87. Household Member Email:

88. Household Member Signature: 89. Household Member Title:

90. Household Member Name: 91. Household Member Address:

92. Household Member Phone: 93. Household Member Email:

94. Household Member Signature: 95. Household Member Title:

96. Household Member Name: 97. Household Member Address:

98. Household Member Phone: 99. Household Member Email:

100. Household Member Signature: 101. Household Member Title:

102. Household Member Name: 103. Household Member Address:

104. Household Member Phone: 105. Household Member Email:

106. Household Member Signature: 107. Household Member Title:

108. Household Member Name: 109. Household Member Address:

110. Household Member Phone: 111. Household Member Email:

112. Household Member Signature: 113. Household Member Title:

114. Household Member Name: 115. Household Member Address:

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150. Household Member Name: 151. Household Member Address:

152. Household Member Phone: 153. Household Member Email:

154. Household Member Signature: 155. Household Member Title:

156. Household Member Name: 157. Household Member Address:

158. Household Member Phone: 159. Household Member Email:

160. Household Member Signature

Hawaii Child Nutrition Program

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

Annual Income: \$3568 Per: ☒ Weekly ☐ Every 2 Weeks ☐ Twice A Month ☒ Monthly ☐ Household size: 3

Directly Certified: ☐ Extended Benefit ☐ Foster Child ☐ Migrant ☐ Homeless ☐ Runaway ☐ Approved by Principal

Eligibility: ☒ SNAP/TANF based on provided number ☐ Foster Child on an application

Signature: Ned Flanders Date: 7/13/22 Confirmed by: Monty Burns, 7/19/22

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

2022-2023 Application for Free and Reduced Price School Meals School: Fresh High School

Complete one application per household. Please 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 space is required for additional names, attach another sheet of paper).

A. Child's Name (First, Middle Initial, Last)	B. Age	C. Sex	D. School?	E. Name of School	F. Grade
Will Smith	88	M	Yes	Fresh High School	12
Carlton Banks	88	M	Yes	Fresh High School	11
Ashley Banks	88	F	Yes	Freshie Middle School	8

STEP 2: Do any Household Members (including you) currently participate in SNAP, TANF, or the following assistance programs? (If you answered YES, write a case number.)

STEP 3: Report income for ALL Household Members (Step this one)

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

STEP 4: Contact information and adult signature

Signature of adult completing the form: Philip Banks Date: 7/13/22

Address: 1903 Kahala Road City: Honolulu State: HI Zip: 96816

2022-2023 Application for Free and Reduced Price School Meals School: Mele High School

Complete one application per household. Please 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 space is required for additional names, attach another sheet of paper).

A. Child's Name (First, Middle Initial, Last)	B. Age	C. Sex	D. School?	E. Name of School	F. Grade
Kavin Swanson	88	M	Yes	Mele High School	12
Baby Swanson (unborn)	88	M	Yes	Mele High School	12

STEP 2: Do any Household Members (including you) currently participate in SNAP, TANF, or the following assistance programs? (If you answered YES, write a case number.)

STEP 3: Report income for ALL Household Members (Step this one)

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

STEP 4: Contact information and adult signature

Signature of adult completing the form: Joe Swanson Date: 7/27/22

Address: 1903 Hauoli Avenue City: Honolulu State: HI Zip: 96816

2022-2023 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)
 Joe King
 May King
 Lea King

STEP 2 List ALL Household Members (including you) currently participating in one of the following:
 If you answered NO -> Complete STEPS 3 and 4. If you answered YES -> (Do not complete STEP 3)

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

A. Child Income
 B. All Adult Household Members (including yourself)
 List ALL household members and report in STEP 3, including yourself even if they do not receive income. For each source of income, list the amount received in the last 12 months (or the last 3 months if you are a student) and the frequency of payment.

FREE MEALS

Family Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,319	1,694	847	782	391
2	27,378	2,282	1,141	1,053	527
3	34,437	2,870	1,435	1,325	663
4	41,496	3,458	1,729	1,596	798

STEP 4 Contact information and adult signature
 Name: **Marc King**
 Address: **650 11th Avenue**
 City: **Lahaina** HI Zip: **96761**
 Signature of adult completing the form: **Marc King**
 Date: **July 29, 2022**

Earnings from Work = \$1600
 Frequency = Biweekly (x26)

\$1600 x 26 = \$41,600 Annually

REDUCED, mark as error prone

2022-2023 Application for Free and Reduced Price School Meals
 Complete one application per household. Please use a pen (not a pencil).
 School: **Ohana Elementary 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)
 Lilo Pelekai

STEP 2 List ALL Household Members (including you) currently participating in one of the following:
 If you answered NO -> Complete STEPS 3 and 4. If you answered YES -> (Do not complete STEP 3)

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

A. Child Income
 B. All Adult Household Members (including yourself)
 List ALL household members and report in STEP 3, including yourself even if they do not receive income. For each source of income, list the amount received in the last 12 months (or the last 3 months if you are a student) and the frequency of payment.

FREE MEALS

Family Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,319	1,694	847	782	391
2	27,378	2,282	1,141	1,053	527
3	34,437	2,870	1,435	1,325	663
4	41,496	3,458	1,729	1,596	798

STEP 4 Contact information and adult signature
 Name: **Nani Pelekai**
 Address: **1903 Ohana Avenue**
 City: **Lahaina** HI Zip: **96766**
 Signature of adult completing the form: **Nani Pelekai**
 Date: **July 29, 2022**


INCOMPLETE!
 Questionable SNAP/TANF #
 # of household members / adult household members?
 No social security number

Hawaii Child Nutrition Program

Resources


- ▶ 'Eligibility Manual for School Meals – Determining and Verifying Eligibility'
 - ▶ Most current version: revised July 18, 2017
 - ▶ https://fns-prod.azureedge.us/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/nslp/>


Program Resources → Free and Reduced Price Applications




Pop Quiz!

Link to Google Forms Quiz:
<https://forms.gle/gxgfkZmghsf96pjCA>






QUESTIONS?



Rachel Itano rachel.itano@k12.hi.us
Kasey Kawamoto kasey.kawamoto@k12.hi.us
Shirley Robinson shirley.robinson@k12.hi.us

(808) 587-3600



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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.aphis.usda.gov/indianaffairs/indianaffairs/USDA-ONASCRNDRP-Complaint-Form-2008-2002-505-11-28-1720-0001.pdf>, from any USDA office, by calling (866) 632-6992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or

fax:
 (833) 256-1665 or (202) 690-7442; or

email:
usdacom.intake@usda.gov

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