

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
PERMANENT POLICY STATEMENT
FOR FREE AND REDUCED-PRICE MEALS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM/
AFTER-SCHOOL SNACK PROGRAM**

(Cross out references to the School Breakfast Program [SBP] and/or After-School Snack Program [ASSP] if you do not participate.)

The _____ has agreed to participate in
(School Food Authority)
the National School Lunch Program (NSLP), SBP, and/or ASSP, receive commodities donated by the United States Department of Agriculture (USDA), and accept responsibility for providing free and reduced-price meals to eligible children in the schools under its jurisdiction.

The School Food Authority (SFA) assures the State Department of Education, hereinafter referred to as the *State Agency*, that the school system will uniformly implement the following policies to determine children's eligibility for free and reduced-price meals in the NSLP, SBP, and ASSP schools under its jurisdiction. In fulfilling these responsibilities, the SFA:

- A. Agrees to serve meals free to children from households whose income is at or below 130 percent of the Secretary of Agriculture's income poverty guidelines listed in Attachment A and/or to children from "Supplemental Nutrition Assistance Program" (SNAP) households, "Temporary Assistance for Needy Families" (TANF) assistance units, or "Food Distribution Program on Indian Reservations" (FDPIR) assistance units that provide a case number.
- B. Agrees to serve meals at a reduced price to children from households whose income falls between the free meal scale and 185 percent of the Secretary of Agriculture's income poverty guidelines, listed in Attachment A.
 - 1. Agrees to set reduced-price charges at **40** cents or less for reduced-price lunches.
 - 2. Agrees to set reduced-price charges at **30** cents or less for reduced-price breakfasts.
 - 3. Agrees to set reduced-price charges at **15** cents or less for reduced-price snacks.
 - 4. Agrees to set the paid charges at an average between the free reimbursement rate and the paid reimbursement rate or guarantee that the price difference is made up of nonfederal funds.
- C. Agrees there will be no physical segregation of, or any other discrimination against, any child because of the inability to pay the full price of the meal. The names of the children eligible to receive free or reduced-price meals shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens, tickets, or any other means. Further assurance is given that children eligible for free or reduced-price meals shall not be required to:
 - 1. Work for their meals.
 - 2. Use a separate lunchroom.
 - 3. Go through a separate serving line.
 - 4. Enter the lunchroom through a separate entrance.
 - 5. Eat meals at a different time.
 - 6. Eat a meal different from the one sold to children paying the full price.

- D. Agrees that, in the operation of Child Nutrition Programs (CNP), no child shall be discriminated against because of race, sex, color, national origin, age, or disability.
- E. Agrees to verify eligibility of applicant households in accordance with program regulations, to complete the verification process by November 15 of the current year, and to maintain records as follows: (1) a summary of the verification efforts, (2) the total number of applications on file by October 1, and (3) the percentage of applicants verified. Compliance with these requirements will be monitored by the State Agency as part of its supervisory assistance monitoring and verification efforts.
- F. Agrees to establish a procedure to notify households selected for verification (Attachment J) and provide adverse action notices to households with a change in eligibility status (Attachment K).
- G. Agrees to designate _____
 (Name and Title of Determining Official)
 to review applications and make determination of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free or reduced-price meals.
- H. Agrees to establish and use a fair hearing procedure for households to appeal the school's decisions and for school officials to challenge the correctness of information in an application or the continued eligibility of any child for free or reduced-price meals. If the household appeals a termination decision during the ten-day advance notice period, the child will continue to receive free or reduced-price meals during the appeal and hearing.

Prior to initiation of the hearing procedure, the parents or guardians or the local school officials may request a conference to provide an opportunity for the parents or guardians and the local school officials to discuss the situation, present information, obtain an explanation of data submitted in the application, and discuss decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The designated hearing official is:

 (Name and Title of Hearing Official)

 (Address)

NOTE: THIS PERSON MUST BE SOMEONE NOT INVOLVED IN THE ORIGINAL ELIGIBILITY DETERMINATION. IT IS SUGGESTED THAT THIS PERSON HOLD A POSITION SUPERIOR TO THAT OF THE DETERMINING OFFICIAL.

This official shall ensure that the hearing procedure provides the following for both the household and the SFA:

- 1. A publicly announced, simple method for making an oral or written request for a hearing.
- 2. An opportunity to be assisted or represented by an attorney or other person.

3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
 4. Reasonable promptness and convenience in scheduling and holding a hearing and adequate notice as to its time and place.
 5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
 6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witness(es).
 7. That the hearing be conducted and the decision be made by a hearing official who did not participate in the decision under appeal or in any previous conference.
 8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and entered into the hearing record.
 9. That the parties concerned and any designated representatives thereof be notified in writing of the decision of the hearing official.
 10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
 11. That such written record be retained for a period of three years after the close of the school year to which they pertain and shall be made available for examination by the parties concerned or their representatives at any reasonable time and place during such period.
- I. Agrees to develop and distribute to each child's parents or guardians a letter as outlined in Attachment B and an application form for free and reduced-price school meals (Attachment C). These forms shall be distributed at or about the beginning of each school year (not before July 1) or whenever there is a change in eligibility criteria. The letter to parents with the meal application attachment shall have only the income-eligibility guidelines for reduced-price meals (Attachment A), with an explanation that households with incomes at or below the reduced-price guidelines may be eligible for either free or reduced-price meals.

Interested parents or guardians are responsible for filling out the application and returning it to the school for review. Such applications and documentation of eligibility determinations made will be maintained for a period of three years following the end of the school year to which they pertain.

Applications may be filed at any time during the year. Parents or guardians enrolling a child in a school for the first time shall be supplied with appropriate meal application materials regardless of the time of year the child is registered. If a child transfers from one school to another, the child's eligibility application will be maintained at the originating school with a copy provided to the receiving school.

All children from an eligible household will receive the same benefits except in the case where a foster child is on the same application as other children in the household. Parents or guardians will be promptly notified of the approval or denial of their application(s) as outlined in Attachment D. Children will be served meals immediately upon the establishment of their eligibility.

When an application is denied, parents or guardians will be provided written notification which shall include: (1) the reason for the denial of benefits (e.g., income in excess of allowable limits or incomplete application), (2) notification of the right to appeal, (3) instructions on how to appeal, and (4) a statement reminding parents that they may reapply for free and reduced-price benefits at any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the SFA level.

- J. Agrees to submit a public release (Attachment E) containing the same information as in the parent letter (Attachment B) as well as the eligibility scale for free and/or reduced-price meals (Attachment A) to the news media, local unemployment offices, and major employers contemplating or experiencing large layoffs in the area from which the school draws its attendance. Copies of the public release shall be made available upon request to any interested persons. Any subsequent changes in a school's eligibility criteria during the school year shall be publicly announced in the same manner as the original criteria was announced.
- K. Agrees to establish a procedure to collect money from children who pay for their meals and to account for the number of free, reduced-price, and full-price meals served to eligible children on a daily basis. The procedure described in Attachment F will be used so that no other child in the school will consciously be made aware by such procedure of the identity of the children receiving free or reduced-price meals.
- L. Agrees to submit to the State Agency any alterations or revisions to the administrative procedures outlined in this policy prior to implementation. Such changes will be effective only upon approval. All changes in eligibility criteria must be publicly announced in the same manner used at the beginning of the school year.

POLICY STATEMENT INFORMATION

1. All school food authorities (SFAs) must be conducting direct certification through the WAVE. Is the SFA doing this at least three times per year?

Yes No

2. Is the SFA contracting with a food service management company (FSMC)?

Yes No

3. Is the SFA contracting meals with any other entity (child care facility, elderly feeding program, etc.)?

Yes No

4. Name of food service director/manager:

E-mail:

Phone:

5. Name of nutrition education contact person:

Address:

E-mail:

Phone:

6. Number of food service personnel:

7. Title of Determining Official (cannot be same person as Hearing Official):

8. Title of Hearing Official:

9. The SFA chooses to make substitutes for fluid milk available upon written request by a medical authority or parent/guardian: Yes No

Early Childhood

High School

Elementary

Alternative Ed

Middle School/Jr High

10. Check this box if your school district has a new person, or someone who might need help, who is approving your free/reduced-price applications this school year?

11. Check this box if your school district has a new person, or someone who might help, who is working with the meal pattern requirements and food production records this school year.

The enclosed prototypes are adopted and considered part of the renewal policy. Please keep all white prototype copies for your use, if applicable. If not using these prototype samples but developing your own documents, please submit your forms for approval.

- Attachment A: Income-Eligibility Guidelines for Free and Reduced-Price Meals
- Attachment B: Letter to Household—2 pages
- Attachment C: Application for Free and Reduced-Price Meals—2 pages
- Attachment D: Notice to Households of Approval/Denial of Benefits
- Attachment E: Public Release
- Attachment F: Collection Procedures and Meal Accountability—3 pages
- Attachment G: Direct Certification Notice
- Attachment H: Notification of Selection for Verification of Eligibility—2 pages
- Attachment I: Letter of Verification Results and Adverse Action
- Attachment J: Certification Regarding Lobbying

Approved by:

_____	_____	_____
(Signature for School Food Authority)	(Title)	(Date)
_____	_____	_____
(Child Nutrition Programs)	(Title)	(Date)

ATTACHMENT A

INCOME-ELIGIBILITY GUIDELINES FOR SCHOOL YEAR 2015 FOR FREE AND REDUCED-PRICE MEALS

This is the income scale used by

to determine eligibility for free meals.

(School Food Authority)

(The Free Scale Should Not Be Distributed to Families)

ELIGIBILITY SCALE FOR FREE MEALS					
130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,171	1,265	633	584	292
2	20,449	1,705	853	787	394
3	25,727	2,144	1,072	990	495
4	31,005	2,584	1,292	1,193	597
5	36,283	3,024	1,512	1,396	698
6	41,561	3,464	1,732	1,599	800
7	46,839	3,904	1,952	1,802	901
8	52,117	4,344	2,172	2,005	1,003
For each additional family member, add:	5,278	440	220	203	102

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS					
185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional family member, add:	7,511	626	313	289	145

ATTACHMENT B

LETTER TO HOUSEHOLD SCHOOL YEAR _____

Dear Parent/Guardian:

Children need healthy meals to learn. (*Name of School*) _____ offers healthy meals every school day. Breakfast costs \$ _____; lunch costs \$ _____. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$ _____ for breakfast and \$ _____ for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. You can use *one Application for Free and Reduced-Price School Meals for all students in your household*. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to one of your children's schools.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from *Supplemental Nutrition Assistance Program (SNAP)*, *Temporary Assistance to Needy Families (TANF)*, or *Food Distribution Program on Indian Reservations (FDPIR)* can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the federal Income-Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you have not been told your children will get free meals, please call or e-mail your child's school to see if they qualify.
5. WHO CAN GET REDUCED-PRICE MEALS? Your children can get low-cost meals if your household income is within the reduced-price limits on the federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully, and follow the instructions. Call the school if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC (WOMEN, INFANTS, AND CHILDREN). CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC *MAY* be eligible for free or reduced-price meals. Please fill out an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, and we may also ask you to send written proof.
10. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced-price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing to have the decision reviewed.

12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a prorated share of expenses), do not include them.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you make \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for other assistance benefits, contact your local assistance office.

LETTER TO HOUSEHOLD

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members, the name of school for each child, each child's grade, and each child's birth date.
- Part 2:** List the name and case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits. One case number per household will qualify all enrolled students within the household.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS *SNAP*, *TANF*, OR *FDPIR* BENEFITS, AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members, the name of school for each child, each child's grade, and each child's birth date.
- Part 2:** Skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school, homeless liaison, or migrant coordinator*) _____.
- Part 4:** Complete only if a child in your household is not eligible under Part 3. See instructions for All Other Households.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary if you did not need to fill in Part 4.
- Part 6:** Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If ALL children in the household are foster children:

- Part 1:** List all foster children, the name of school for each child, each child's grade, and each child's birth date. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose to.

If some of the children in the household are foster children:

- Part 1:** List all household members, the name of school for each child, each child's grade, and each child's birth date. For any person, including children, with no income, you must check the *No Income* box. Check the box if the child is a foster child.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school, homeless liaison, or migrant coordinator*) _____. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Box 1—Name:** List all household members with income.

- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—*weekly, every other week, twice a month, or monthly*. For earnings, be sure to list the *gross income*, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
- For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits.
- Under **All Other Income**, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, federal education benefits, and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members, the name of school for each child, each child’s grade, and each child’s birth date. For any person, including children, with no income, you must check the **No Income** box.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school, homeless liaison, or migrant coordinator*) _____. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—*weekly, every other week, twice a month, or monthly*. For earnings, be sure to list the *gross income*, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
- For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits.
- Under **All Other Income**, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, federal education benefits, and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose to.

APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS

PART 1. ALL HOUSEHOLD MEMBERS					
Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Name of School for Each Child/Or Indicate <i>NA</i> If Person Is Not in School	Grade	Birth Date	Check If a Foster Child (Legal Responsibility of Welfare Agency or Court)* *If all children in the household are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income (<i>Must be checked if no income</i>)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP, TANF, OR FDPIR, PROVIDE THE NAME AND CASE NUMBER FOR THE ONE PERSON WHO RECEIVES BENEFITS AND **SKIPTO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIPTO PART 3.**

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR) AT PHONE NUMBER _____.

Homeless Migrant Runaway

NOTE TO SFA: A household completing this part does not automatically qualify the child for eligibility. The child must be on the Homeless, Migrant, Runaway List to qualify for free meal benefits.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>199.99</u> / <u>weekly</u>	\$ <u>149.99</u> / <u>every other week</u>	\$ <u>99.99</u> / <u>monthly</u>	\$ <u>50.00</u> / <u>monthly</u>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the “I do not have a social security number” box.* (See Privacy Act Statement on the back of the next page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information that I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Sign Here: _____ **Date:** _____

Print Name: _____

Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Last four digits of social security number: *** - ** - ____ I do not have a social security number.

Part 6: Children’s Ethnic and Racial Identities (Optional)

<p><i>Choose one ethnicity:</i></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p><i>Choose one or more (regardless of ethnicity):</i></p> <p><input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
---	--

185% of Poverty Level

FEDERAL ELIGIBILITY INCOME CHART for School Year <u>2015</u>						
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	
1						
2	21,590	1,800	900	831	416	
3	29,101	2,426	1,213	1,120	560	
4	36,612	3,051	1,526	1,409	705	
5	44,123	3,677	1,839	1,698	849	
6	51,634	4,303	2,152	1,986	993	
7	59,145	4,929	2,465	2,275	1,138	
8	66,656	5,555	2,778	2,564	1,282	
	74,167	6,181	3,091	2,853	1,427	
For each add'l family member, add	7,511	626	313	289	145	

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits of this chart.

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

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

Income Eligibility:

Total Income: _____ Per: Week Every 2 Weeks Twice a Month Month Year

Household Size: _____ Eligibility: Free Reduced Denied

Categorical Eligibility: SNAP/TANF FDPIR

Other Source Categorical Eligibility:

Head Start Even Start Homeless Migrant Runaway Foster Child

Reason: _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

(For Confirmation Reviews Under Verification)

Verifying Official's Signature: _____ Date: _____

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and for administration and enforcement of the lunch and breakfast programs. We **MAY** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <program.intake@usda.gov>.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price meals, they **MAY** also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, ***the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price meals unless you tell us not to.*** Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price meals.)

No! I DO NOT want information from my Application for Free and Reduced-Price Meals shared with Medicaid or SoonerCare.

If you checked **No**, fill out the form below to ensure that your information is **NOT** shared for the child(ren) listed below:

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call your child's school.

ATTACHMENT D

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear _____ :

Your application for free or reduced-price school meals for your child(ren) has been:

Approved for free meals.

Approved for reduced-price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks.

Denied for the following reason(s):

Income over the allowable amount

Incomplete application

Other: _____

If you do not agree with the decision, you may discuss it with the school.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

TOLL-FREE/COLLECT/LOCAL PHONE NUMBER: (Circle One) _____

If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

Sincerely,

(Name)

(Title)

(Date)

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <program.intake@usda.gov>.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

ATTACHMENT E
PUBLIC RELEASE

(Delete references to the School Breakfast Program and/or the After-School Snack Program if not applicable.)

Due to regulations, all school food authorities (SFAs)/institutions must annually submit a public release to the informational media, local unemployment offices, any companies contemplating layoffs in that district's area, grassroots organizations, and interested individuals upon request.

Date submitted to news media: _____

Name(s) of media outlets and companies submitted to: _____

_____ School today announced its policy for free or reduced-price meals for children served under the National School Lunch Program (NSLP), the School Breakfast Program (SBP), and the After-School Snack Program (ASSP).

Local SFA officials have adopted the following household-size and income criteria for determining eligibility: (Insert free and reduced-price scales.)

Children from households whose income is at or below the levels shown are eligible for free or reduced-price meals. Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced-price meals, households should fill out the application and return it to the school. Additional copies are available at the principal's office in each school. The information provided on the application is confidential and will be used for the purpose of determining eligibility and may be verified at any time during the school year by school or other program officials. Applications may be submitted at any time during the year.

For SFA officials to determine eligibility, households receiving *Supplemental Nutrition Assistance Program (SNAP)*, *Temporary Assistance to Needy Families (TANF)*, or *Food Distribution Program on Indian Reservations (FDPIR)* benefits must list the children's names, a SNAP, TANF, or FDPIR case number; and the signature of an adult household member. All children in households with any household member receiving benefits under assistance programs are eligible for free meals. Children in Other Source Categorically Eligible (i.e., children categorized as homeless, migrant, runaway, Head Start, Even Start, and foster children, if known) are also eligible for free meals. **IF YOU DO NOT LIST A SNAP, TANF, OR FDPIR CASE NUMBER**, then the application must have the children's names, total household members, the amount of income each member received last month, the signature of an adult household member, and the last four digits of the adult's social security number or the mark the box if he or she does not have one.

Foster children also categorically qualify for free meals/milk, regardless of the child's income. If you have foster children living with you and wish to apply for such meals or milk for them, please complete the application as instructed.

Under the provisions of the policy, _____ will review applications and
(Title of Determining Official)

determine eligibility.

Parents or guardians wishing to make a formal appeal may make a request either orally or in writing to:

_____ (Name and Title of Hearing Official) _____ (Address)

for a hearing to appeal the decision. The school's policy statement contains an outline of the hearing procedure.

DIRECT CERTIFICATION: Any member of a household currently certified to receive SNAP, TANF, or FDPIR benefits will be notified of the enrolled children's eligibility and that the enrolled children will be provided free benefits unless the household notifies the SFA that it chooses to decline benefits. If SNAP, TANF, and FDPIR households are not notified by _____ of their eligibility, they will need to submit an application.

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <program.intake@usda.gov>.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Each school and the office of the _____ has a copy of the policy which
(Central Office)
may be reviewed by any interested party.

ATTACHMENT F

COLLECTION PROCEDURES AND MEAL ACCOUNTABILITY SYSTEM

AccuClaim regulations state that claims for reimbursement must be based on daily counts at the *POINT OF SERVICE* which identify the number of free, reduced-price, and full-price reimbursable meals served.

Point of service is defined as that point in the food service operation where a determination can accurately be made that a reimbursable free, reduced-price, or full-price meal has been served to an eligible child.

The collection procedure used must reflect an accurate categorical count at the point of service of reimbursable meals served to students. Any collection procedure must have a built-in accounting system to record the number of free, reduced-price, and full-price meals served daily.

In addition, SFA officials must ensure that there is no overt identification of recipients of free and reduced-price meals when collecting payments, distributing tickets, as well as in the serving line.

NOTE: IF DIFFERENT COLLECTION PROCEDURES ARE USED AT DIFFERENT SCHOOL BUILDINGS OR IF ANOTHER COLLECTION PROCEDURE IS USED FOR BREAKFAST OR SNACKS, INDICATE WHICH SCHOOL IN YOUR SYSTEM USES WHICH METHOD AND AT WHAT MEAL SERVICE.

SUGGESTED CODING METHODS:

- Names. Tickets may have the child's name on them and can later be compared to a checklist.
- Date stamp. Tickets may have the date stamped on them in different spots. For instance, tickets with the date stamped on the top third may be full-price, tickets stamped the middle third are free, and tickets stamped on the bottom are reduced-price.
- A broken line on the top corner of a ticket may indicate it is a free ticket; a broken line on the bottom corner could indicate a reduced price. A closed line around the ticket may indicate a full-price meal.
- Number coding. Free meal tickets may all have a four-digit number, reduced-price tickets have a five-digit number, and full-price tickets have a six-digit number.
- Number coding by series. Numbers 1 through 1999 may be free meal tickets, numbers 2000 through 3900 may be reduced-price tickets, and numbers 4000 through 5900 may be full-price tickets.

UNACCEPTABLE CODING METHODS:

- Color coding—with a different color ticket representing all free meal tickets, reduced-price tickets, and full-price tickets, respectively.
- Letter coding—with a single letter on the ticket representing all free meal tickets, reduced-price tickets, and full-price tickets, respectively.
- Single number coding—with a single number on the ticket representing all free meal tickets, reduced-price tickets, and full-price tickets, respectively.

ATTACHMENT G

NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive *SNAP* or *TANF* benefits.

Name of Child	Name of School

If there are other children enrolled in the school district in your household who are not listed above, *they also qualify for free meals.*

Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school.
- You do not want your children to have free meals.
- You have any additional questions.

School Name: _____

Name of Contact: _____

Phone Number: _____

E-Mail Address: _____

Signature of School Official: _____

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <program.intake@usda.gov>.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

ATTACHMENT H

NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact (*Name of School*) _____ by (*Date*) _____, or your child(ren) will stop getting free or reduced-price meals.

School: _____ Date: _____

Dear _____ :

We are checking your Free and Reduced-Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price meals. You must send us information to prove that (*Name[s] of Child[ren]*) _____ *is/are* eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM SNAP, TANF, OR FDPIR WHEN YOU APPLIED FOR FREE OR REDUCED-PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:
 - SNAP, TANF, or FDPIR Certification of Notice that shows dates of certification.
 - Letter from SNAP, TANF, or FDPIR office that shows dates of certification.
 - Do not send your EBT card.
2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT (*SCHOOL HOMELESS LIAISON OR MIGRANT COORDINATOR*) _____ FOR HELP.
3. IF THE CHILD IS A FOSTER CHILD: Provide written documentation that verifies the child is the legal responsibility of the agency or court, or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.
4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP, TANF, OR FDPIR BENEFITS: Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the *NAME* of the person who received the income, the *DATE* it was received, *HOW MUCH* was received, and *HOW OFTEN* it was received. *Send information to:* _____

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, or RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, or WORKER'S COMP: Notice of eligibility from state employment security office, check stub, or letter from the Worker's Compensation office.

WELFARE PAYMENTS: Benefit letter from the TANF office.

CHILD SUPPORT or ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIME FRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call (*NAME*) _____ at (*TOLL-FREE/COLLECT/LOCAL TELEPHONE NUMBER*) () _____. The call is free. You may also e-mail us at _____.

Sincerely,

Signature

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <program.intake@usda.gov>.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

ATTACHMENT I
VERIFICATION RESULTS/ADVERSE ACTION
WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear: _____

We checked the information you sent us to prove that (*Name[s] of Child[ren]*) _____ is/are eligible for free or reduced-price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting (*Date*) _____, your child(ren)'s eligibility for meals will be changed *from reduced-price to free* because your income is within the free meal-eligibility limits. Your child(ren) will receive meals at no cost.
- Starting (*Date*) _____, your child(ren)'s eligibility for meals will be changed from *free to reduced-price* because your income is over the limit. Reduced-price meals cost \$ _____ for lunch and \$ _____ for breakfast.
- Starting (*Date*) _____, *your child(ren) is/are no longer eligible* for free or reduced-price meals for the following reason(s):
 - ___Records show that no one in your household received SNAP, TANF, or FDPIR benefits.
 - ___Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___Your income is over the limit for free or reduced-price meals.
 - ___You did not provide: _____
 - ___You did not respond to our request.

Meals cost \$ _____ for lunch and \$ _____ for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received SNAP, TANF, or FDPIR benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with (*Name*) _____ at (*Phone*) _____. You also have the right to a fair hearing. If you request a hearing by (*Date*) _____, your child(ren) will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to:

(Name)

(Address)

(Phone Number)

(E-Mail)

Sincerely,

(Signature)

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <program.intake@usda.gov>.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

ATTACHMENT J

CERTIFICATION REGARDING LOBBYING

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by Section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$150,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, *Disclosure Form to Report Lobbying*, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$150,000 in federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Name of School Food Authority

County District Code

Name of Submitting Official

Title of Submitting Official

Signature of Submitting Official

Date