CHILD NUTRITION NATIONAL SCHOOL LUNCH PROGRAM



Policy Update

School Call: June 28, 2023

Rachel Baierlein, Senior Policy Analyst



Fraud Hotline: 1-866-5-FRAUD-4 or 1-866-537-2834 | P.O. Box 12847 | Austin, TX 78711 Toll Free: (877) TEX-MEAL | For the hearing impaired: (800) 735-2989 (TTY)

This product was funded by USDA.

This institution is an equal opportunity provider.





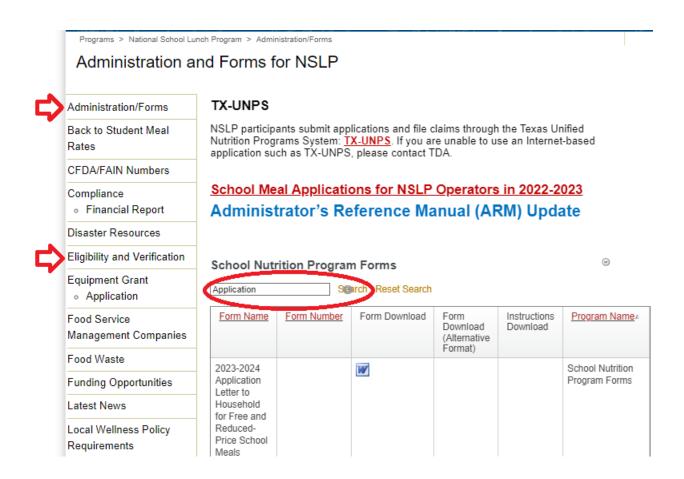
New Releases

2023-2024 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).						ity (CE) Name
				Return to:		CE Mailing Address
		or Apply Online:		CE Website		
STEP 1 List ALL Household M	fembers who are in	nfants, children, and stud	lents up to and including	grade 12		
If more spaces are needed,	use the Additional Name	es section on the back.			Student?	Homeless,
Definition of Household Member:	Child's First Name	e N	II Child's Last Name	Yes		
"Anyone who is living with you and \ shares income and expenses, even						<u>></u>
if not related."						de
Children in Foster Care, Head			_			te da la
Start, and children who meet the definition of Homeless, Migrant,						any
or Runaway are eligible for free						Check any that apply
meals. Read the directions for more information.						ä
STEP 2 Do any Household Me	embers (including)	you) currently participat	e in one or more of the fol	llowing assistance progra	ms: SNAP, TANF, or F	DPIR?
MANO COMPANIA		Write the El	igibility Determination Grou	p (EDG, n/a for FDPIR)		
If NO Go to STEP 3	3 If YES —		ere, then go to STEP 4 (do no		EDG Number	
STEP 3 Report Income for AL	L Household Meml	bers (Skip this step if you	answered 'YES' to STEP	2)		
A. Last four digits of Social Security	Number (SSN) of a	ın Adult Household Meml	ber XXX- XX-	Check if no S	SN SN	
B. Income for Adult Household Mer	. ,		AAA AA	CHECK II IIO 3	3N	
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If more spaces are needed, use the Additional Names section on the back.						
		cy by income type: W=Weekly	y, E=Every 2 Weeks, T=Twice pe	er Month, M=Monthly, A=Annua	ally. If they do not receive i	
'0'. If you enter '0' or leave any fields blan	k, you are certifying (p	cy by income type: W=Weekly romising) that there is no inco	y, E=Every 2 Weeks, T=Twice pe ome to report. <i>If more spaces ar</i>	er Month, M=Monthly, A=Annua e needed, use the Additional Na	ally. If they do not receive i mes section on the back. Pensions/Retirement/	income from any source, write
		cy by income type: W=Weekly romising) that there is no inco Frequency	y, E=Every 2 Weeks, T=Twice pe	er Month, M=Monthly, A=Annu: e needed, use the Additional Nai Frequency	ally. If they do not receive i mes section on the back.	income from any source, write
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members	k, you are certifying (p Work Earnings	cy by income type: W=Weekly romising) that there is no inco Frequency	y, E=Every 2 Weeks, T=Twice po ome to report. If more spaces are Public Assistance/	er Month, M=Monthly, A=Annu: e needed, use the Additional Nai Frequency	ally. If they do not receive i mes section on the back. Pensions/Retirement/ Social Security/ SSI/	Frequency
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members	Work Earnings	cy by income type: W=Weekly romising) that there is no inco Frequency	y, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ A S S S S S S S S S S S S S S S S S S	er Month, M=Monthly, A=Annu: e needed, use the Additional Nai Frequency	ally. If they do not receive i mes section on the back. Pensions/Retirement/ Social Security/ SSI/	Frequency
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members	Work Earnings \$ \$ \$	cy by income type: W=Weekly romising) that there is no inco Frequency	r, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ Child Support/Alimony \$ \$	er Month, M=Monthly, A=Annu: e needed, use the Additional Nai Frequency	ally. If they do not receive i mes section on the back. Pensions/Retirement/ Social Security/ SSI/	Frequency
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members	Work Earnings	cy by income type: W=Weekly romising) that there is no inco Frequency	y, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ A S S S S S S S S S S S S S S S S S S	er Month, M=Monthly, A=Annu: e needed, use the Additional Nai Frequency	ally. If they do not receive i mes section on the back. Pensions/Retirement/ Social Security/ SSI/	Frequency
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members	Work Earnings \$ \$ \$	cy by income type: W=Weekly romising) that there is no inco Frequency	r, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ Child Support/Alimony \$ \$	er Month, M=Monthly, A=Annu: e needed, use the Additional Nai Frequency	ally. If they do not receive i mes section on the back. Pensions/Retirement/ Social Security/ SSI/	Frequency
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members (First & Last) C. Income for Children in the House	Work Earnings \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	romising) that there is no income type: W=Weekly romising) that there is no income Frequency W E T M O O O O O O O O O O O O O O O	r, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ Child Support/Alimony \$ \$ \$ \$	er Month, M=Monthly, A=Annu: e needed, use the Additional Nai Frequency	ally. If they do not receive is mes section on the back. Pensions/Retirement/Social Security/SSI/VA Benefits/All Other \$ \$ \$ \$ \$ \$ \$ \$ \$	Frequency W E T M A
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members (First & Last) C. Income for Children in the House Sometimes children in the household earn	Work Earnings S S S S S S S C C C C C C C C C C C C	romising) that there is no income type: W=Weekly romising) that there is no income requested by Error March 1997. The req	y, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ Child Support/Alimony \$ \$ \$ \$	er Month, M=Monthly, A=Annus e needed, use the Additional Nai Frequency W E T M	ally. If they do not receive i mes section on the back. Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other \$ \$ D. Total Househ	Frequency W E T M A
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members (First & Last) C. Income for Children in the House	Work Earnings Work Earnings \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	cy by income type: W=Weekly romising) that there is no income request. Frequency W E T M O O O O O O O O O O O O O O	y, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ A Child Support/Alimony \$ Total Child Income	er Month, M=Monthly, A=Annus e needed, use the Additional Nai Frequency W E T M	ally. If they do not receive i mes section on the back. Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other \$ \$ D. Total Househ	Frequency W E T M A O O O O O O O O O O O O O O O O O
'0'. If you enter '0' or leave any fields blan Name of Adult Household Members (First & Last) C. Income for Children in the House Sometimes children in the household earlincome received by all Child Household Members	work Earnings Work Earnings \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	cy by income type: W=Weekly romising) that there is no income type: W=Weekly romising) that there is no income type: W=E T M M M E T M M M E T M M M E T M M M E T M M M E T M M M E T M M M E T M M M E T M M M E T M M M E T M M M M	y, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ A Child Support/Alimony \$ Total Child Income	er Month, M=Monthly, A=Annus e needed, use the Additional Nai Frequency W E T M	ally. If they do not receive i mes section on the back. Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other \$ \$ D. Total Househ	Frequency W E T M A O O O O O O O O O O O O O O O O O
O'. If you enter '0' or leave any fields blan Name of Adult Household Members (First & Last) C. Income for Children in the House Sometimes children in the household earlincome received by all Child Household Mincome from additional children listed on but	work Earnings Shape and the state of the st	ease include the TOTAL 1 here. If applicable, include conversion key provided on banks.	r, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ A Child Support/Alimony S S S S S S S S S S S S S S S S S S S	er Month, M=Monthly, A=Annus e needed, use the Additional Nair Frequency W E T M W E T	ally. If they do not receive is mes section on the back. Pensions/Retirement/Social Security/SSI/VA Benefits/All Other \$ \$ \$ \$ \$ \$ \$ \$ D. Total Househ (Characteristics) as with the receipt of Federa	Frequency W E T M A O O O O O O O O O O O O O O O O O O O
C. Income for Children in the House Sometimes children in the household Mincome from additional children listed on but the Contact information at the Contac	work Earnings Shape and the state of the st	ease include the TOTAL 1 here. If applicable, include conversion key provided on banks.	r, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ A Child Support/Alimony S S S S S S S S S S S S S S S S S S S	er Month, M=Monthly, A=Annus e needed, use the Additional Nair Frequency W E T M W E T	ally. If they do not receive is mes section on the back. Pensions/Retirement/Social Security/SSI/VA Benefits/All Other \$ \$ \$ \$ \$ \$ \$ \$ D. Total Househ (Characteristics) as with the receipt of Federa	Frequency W E T M A O O O O O O O O O O O O O O O O O O O
C. Income for Children in the House Sometimes children in the household Mincome from additional children listed on but the Contact information at "I certify (promise) that all information at "I certify (promise) that all information.	work Earnings Shape and the state of the st	ease include the TOTAL 1 here. If applicable, include conversion key provided on banks.	r, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance/ A Child Support/Alimony S S S S S S S S S S S S S S S S S S S	er Month, M=Monthly, A=Annus e needed, use the Additional Nature W E T M W E T M W E T M Ormation is given in connection I benefits, and I may be prosect	ally. If they do not receive is mes section on the back. Pensions/Retirement/Social Security/SSI/VA Benefits/All Other \$ \$ \$ \$ \$ \$ \$ \$ D. Total Househ (Characteristics) as with the receipt of Federa	Frequency W E T M A O O O O Old Members ill funds, and that school e and Federal laws."
C. Income for Children in the House Sometimes children in the Household Prince for Children in the Household earlincome received by all Child Household wincome from additional children listed on the STEP 4 Contact information a "I certify (promise) that all information officials may verify (check) the information	work Earnings Work Earnings \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ease include the TOTAL. 1 here. If applicable, include conversion key provided on bandard that all income is reported by give false information.	r, E=Every 2 Weeks, T=Twice pome to report. If more spaces are Public Assistance Child Support/Alimony Total Child Income Total Child Income I understand that this infection, my children may lose mea	er Month, M=Monthly, A=Annus e needed, use the Additional Nature W E T M W E T M W E T M Ormation is given in connection I benefits, and I may be prosect	ally. If they do not receive is mes section on the back. Pensions/Retirement/Social Security/SSI/VA Benefits/All Other \$ D. Total Househ (Ch	Frequency W E T M A O O O O Old Members ill funds, and that school e and Federal laws."

- 2023-2024 Applications for Free and Reduced-Price School Meals
- 2023-2024 Application Letter to Household
- 2023-2024 Application Directions



New Releases



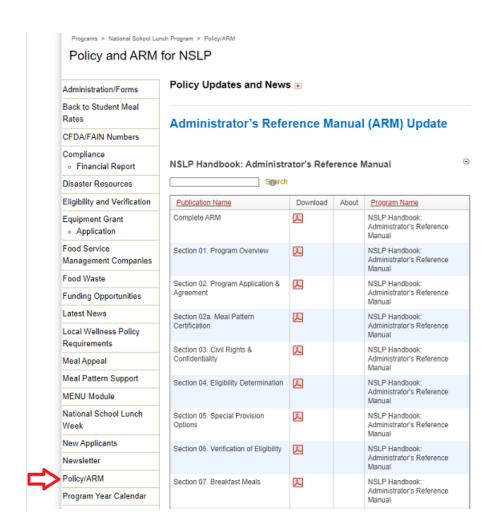
https://squaremeals.org/Programs/National-School-Lunch-Program/Eligibility-and-Verification/Household-Applications

Coming soon!

- Eligibility Letters
- Media Releases



New Releases



https://squaremeals.org/Programs/National-School-Lunch-Program/Policy-ARM

Administrator's Reference Manual (ARM)

May 19, 2023

- Update Guides in each section.
- New guidance highlighted yellow.
- NEW! Definitions Section
- NEW! Contact Information



Reminders

Paid Lunch Equity (PLE)

- Required for CEs with negative fund balance on June 30, 2022
- USDA released PLE Tool for SY 23-24
- ARM Section 19, Meal Pricing

Local Wellness Policy (LWP) Triennial Assessment

- Complete by June 30
- No USDA extension this SY
- ARM Section 29, Local Wellness Policy



Reminders

Universal Free Lunch

- Must use nonfederal funds
- Cannot use revenue from nonprogram foods
- ARM Section 19, Meal Pricing and Section 20, Counting and Claiming

ARM Section 19, page 31:

Unallowable Funding

The following cannot be counted as nonfederal contributions:

- Any federally sourced payment, including additional per-meal reimbursements,³⁶ providing specifically to support free and reduced-price meals.
- Any revenue from concession stands or other onsite income generating
 activities if the revenue or income flows through the nonprofit school food
 service account even if the SNP only gets a portion of the revenue or
 income³⁷
- Revenue from foods sold in competition with reimbursable meals—i.e., competitive foods.
- Any in-kind contributions which includes the following:
 - Janitorial services that were previously provided at no cost to the <u>SNP</u>
 - Prorated share for the salaries of teacher or office staff that serve as cafeteria monitors
 - Supplies, such as office equipment, that were previously provided at no cost to the SNP
 - Prorated share for utilities that were previously paid by the SNP



End of COVID-19 Flexibilities

Ending June 30:

- Offsite monitoring
- Fiscal action flexibility for supply chain disruptions
- Keep Kids Fed Act (KKFA) higher reimbursements
- Non-congregate waivers in the event of a COVID outbreak.

https://squaremeals.org/Programs/National-School-Lunch-Program/Policy-ARM



In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

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

2. fax:

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

email:

program.intake@usda.gov

This institution is an equal opportunity provider.





Fraud Hotline: 1-866-5-FRAUD-4 or 1-866-537-2834 | P.O. Box 12847 | Austin, TX 78711 Toll Free: (877) TEX-MEAL | For the hearing impaired: (800) 735-2989 (TTY)

This product was funded by USDA.

This institution is an equal opportunity provider.

