# LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

## Dear Parent/Guardian:

Children need healthy meals to learn. Forsyth R-III School District offers healthy meals every school day. Breakfast costs \$1.25 for all students; lunch costs are as follows: Pre K – 4<sup>th</sup> grade \$2.35, 5th – 8th grade \$2.45, 9th – 12th grade \$2.55. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
  - All children in households receiving benefits from the Food Stamp Program/Supplemental Nutrition
     Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or
     Temporary Assistance/Temporary Assistance for Needy Families (TANF), are eligible for free meals.
  - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Children participating in their school's Head Start program are eligible for free meals.
  - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
  - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	<u>Annually</u>	<u>Monthly</u>	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each add'l person add	+9,509	+793	+183

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact Dr. Grant Boyer, Homeless Coordinator at gboyer@forsythr3.k12.mo.us or (417) 546-6384.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application 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 Forsyth R-III School District, P.O. Box 187, Forsyth, MO 65653.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact the Food Service Department immediately (417) 546-6384.
- 5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.
- 6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.

- 7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 8. IF I DON'T 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 and reduced price meals if the household income drops below the income limit.
- 9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should contact the Food Service Department. You also may ask for a hearing by calling or writing to: Dr. Grant Boyer, Assistant Superintendent at gboyer@forsythr3.k12.mo.us or (417) 546-6384.
- 10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
- 12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact Tim Russell, Food Service Director at trussell@forsythr3.k12.mo.us or (417) 546-6384 to receive a second application.
- 15. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Log in to the parent portal to begin. To learn more about the online application process contact Tim Russell, Food Service Director at trussell@forsythr3.k12.mo.us or (417) 546-6384.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call (417) 546-6384.

Sincerely,

#### Dr. Grant Boyer

Assistant Superintendent of Schools Forsyth R-III School District

USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

## **HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS**

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Forsyth School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Tim Russell, Food Service Director at trussell@forsythr3.k12.mo.us or (417) 546-6384.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Forsyth R-III School District, regardless of age.

List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**Building name/Grade.** If child is a student, list building name and grade.

Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

## If no one in your household participates in any of the above listed programs:

• Leave STEP 2 blank and go to STEP 3.

## If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636.
- Go to STEP 4.

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

## How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B. REPORT INCOME EARNED BY ADULTS

#### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:
  - people who live with you but are not supported by your household's income AND do not contribute income to your household.
  - o Infants, children and students already listed in **STEP 1.**

List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**Report earnings from work.** Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

Report income from public assistance/child support/alimony.

Report all income that applies in the "Public Assistance/Child

## **STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

**Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Mail Completed
Form to:
Forsyth R-III School
District
P.O. Box 187
Forsyth, MO 65653

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

## 2023-2024 Application for Free and Reduced Price School Meals

Error Prone Application: 

Yes 

No (Optional – See FAQs) Determining Official's Signature:

Confirming Official's Signature (For verification purposes only):\_

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

Date Received by LEA (LEA use only)

Date Approved/Denied:\_

\_Date:\_

	•	,				<del></del>
STEP1 List ALL H	lousehold Members who are <u>ir</u>	nfants, children, and s	tudents up to and inclu	ding grade 12 (if more space	es are required for additional name:	s, attach another sheet of paper)
Definition of <b>Household</b>	Child's First Name		MI Child's Last Na	me	Building Na	me Grade Foster Migrant Runawa
<b>Member</b> : "Anyone who is living with you and shares income and expenses,						
even if not related." Children in <b>Foster care</b>						
and children who meet the definition of <b>Homeless</b> ,						
Migrant or Runaway are eligible for free meals. Read						
How to Apply for Free and Reduced Price School						
Meals for more information.						
STEP 2 Do any Ho	ousehold Members (including	you) currently participa	ate in one or more of the	following assistance pro	grams: SNAP, TANF, or FDPI	R? Circle one: Yes / No
you answered NO > Com	nplete STEP 3. If you answered YE	S > Write a case number here	e then go to STEP 4 (Do not co	mplete STEP 3) Case Number	:	Write only one case number in this sp
STEP 3 Report In	come for ALL Household Me	embers (Skip this step if y	ou answered 'Yes' to STEF	2)		
						How often?
Are you unsure what	A. Child Income Sometimes children in the house	hold earn income. Please inc	clude the TOTAL gross income	e earned by all children listed in	STEP 1 here.	ne Weekly Bi-Weekly 2x Month Monthly
income to include here?	B. All Adult Household Mem		nado ino 101712 groso moom	o carried by an ormaton noted in	<b>5</b>	
Flip the page and review the charts titled "Sources of Income" for more information.			. If they do not receive incom		chold Member listed, if they do receiv bu enter '0' or leave any fields blank,	you are certifying (promising)
The "Sources of Income	Name of Adult Household Members (First a	and Last) Earnings from Work	How often?  Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony Weekly Bi	How often? Pensions/Retir i-Weekly 2x Month Monthly All Other Incon	
for Children" chart will help you with the Child Income section.		\$	0000	\$	\$	
The "Sources of Income		\$		\$	<u> </u>	
for Adults" chart will help you with the All Adult		\$		\$	<u> </u>	
Household Members section.	Total Household Members (Children and Adults)		ts of Social Security Nu or other adult househol	ımber (SSN) of primary d member.	x x x x x x	Check if no SSN
STEP 4 Contact	information and adult sig	ınature				
	ormation on this application is true and th		erstand that this information is g	ven in connection with the receipt o	of Federal funds, and that school officials	s may verify (check) the information. I
m aware that if I purposely g	ive false information, my children may lo	se meal benefits, and I may be	prosecuted under applicable Sta	te and Federal laws."		
root Address (if sysilable)	A					
reet Address (if available)	Apt#	City	State	Zip	Daytime Phone and Email (optional)	
rinted name of adult comple	eting the form	Signature of adult c	ompleting the form		Today's date	
	THIS SECTION. THIS IS FOR SCH		-			
	VERSION: WEEKLY X 52, EVER ry Assistance Household size:	Y 2 WEEKS X 26, TWICE Total inco			IPLE FREQUENCY) Week □Every 2 Weeks □Twic	e a Month □Month □Year
	iced Denied Reason:	13(4) 1100		. 51	Date withdrawn:	

#### INSTRUCTIONS

Sources of Income

Sources of Income for Children			
Sources of Child Income	Example(s)		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages		
Social Security     Disability Payments     Survivor's Benefits	A child is blind or disabled and receives Social Security benefits     A parent is disabled, retired, or deceased, and their child receives Social Security benefits		
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money		
- Income from any other source	A child receives regular income from a private pension fund, annuity, or trust		

Sources of Income for Adults			
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income	
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)	Social Security (including railroad retirement and black lung benefits)     Private pensions or disability benefits	
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and clothing	<ul> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	Regular income from trusts or estates     Annuities     Investment income     Earned interest     Rental income     Regular cash payments from outside household	

### **OPTIONAL**

#### Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.
Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be
determined.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

#### The contact information below is solely to file a complaint of discrimination

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:

FAX:

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

(833) 256-1665 or (202)

690-7442; or

EMAIL: <u>Program.Intake@usda.gov</u>

\* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

# **REQUEST FOR INFORMATION**

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

7000 0000000000000000000000000000000000	, , , , , , , , , , , , , , , , , , , ,		
	YES		
	□ NO		
MO HealthNet (Medicaio	d) is considered	healthcare insurance.	
f NO is checked the school district Healthcare Coverage form for the f	·	Does Your Child Need	
Completion of this form is not a count of the count of th	oplication will be		ee
Submit this request with your Free Application or return to your schoo		•	
rinted name of parent/guardian:			
Nailing Address:			
ity:	State:	Zip Code:	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

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## **UNPAID MEAL CHARGE POLICY SUMMARY**

The purpose of this summary is to establish consistent district practices for the provision of meals to students who have insufficient funds in their school meal accounts and the collection of unpaid meal debt. Please refer to board policy EF-AP(1) for complete policy guidelines.

## **General Statement of Policy**

- 1. Forsyth School District's goal is to provide nutritious meals to students to promote healthy eating habits and enhance learning as well as maintain the financial integrity of the National School Breakfast and Lunch program and eliminate stigmatization of children who are unable to pay meal charges. It is the policy of Forsyth School District to offer meals that meet state and federal guidelines.
- 2. Families may apply for free/reduced price meal benefits any time during the school year. Meal applications are distributed to all families at the beginning of the school year. In addition, applications are available in each building office, in the cafeteria, and online.
- 3. Forsyth School District expects students to pay for meals prior to or at the time of receipt. The ability to charge meals is a privilege, not a right, and is subject to the limitations established in board policy EF-AP(1). Payment may be made online through the parent portal or by sending cash or check by means of a prepay envelope system. Meal envelopes and payment drop boxes are available in each building's office and in the cafeteria.

## **Charge Policy**

- 1. If a student <u>must</u> charge a meal, they are allowed to do so until they have a negative balance of \$15.00.
- 2. If a student's account is overdrawn more than \$15.00, an alternative courtesy meal that meets the required meal pattern guidelines will be offered.
- 3. Students are not allowed to charge a la carte items if it will create a negative balance on their account.
- 4. A student with money in hand will not be denied a meal, even if the student has past due charges.

### **Notifications & Interventions**

- 1. Families may check their meal account balances at any time via the parent portal.
- 2. Lunch notices will be emailed to a parent/guardian twice a week (generally Tuesday & Thursday) when a student has an account balance of less than +\$5.00. Automatic digital alerts may be set up through the parent portal.
- 3. If a student's account is overdrawn more than \$15.00, the district will encourage the family to submit an application for free/reduced price meals and the student may be referred to a counselor for intervention. The counselor will assess if the family is experiencing hardships or circumstances with which they could assist.
- 4. The district will work with families to create a payment plan that allows for the payment of accumulated balances over time. Unpaid meal charges may be turned over to a debt collection agency. Refer to board policy EF-AP(1) for complete debt collection policy.

USDA Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov