PUBLIC RELEASE OF COUNTY OR NONPUBLIC SCHOOL NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST, SNACK PROGRAM UNDER NSLP, CHILD AND ADULT CARE OR SUMMER FOOD SERVICE PROGRAM SPONSORS ON FREE AND REDUCED PRICE MEALS AND FREE MILK

The [sponsoring agency (County Board of Education or the Institution, Center, Home or Nonpublic School)] today announced its policy for (free and reduced price meals) (free milk) for participants who are unable to pay the full price meals or milk served in schools, centers, institutions or homes that participate in the National School Lunch, Breakfast Programs, the Snack Program under NSLP, the Child and Adult Care Food Program, the Summer Food Service Program, Fresh Fruit and Vegetable Program or in the Special Milk Program.

The [sponsoring agency (County Board of Education or the Institution, Center, Home or Nonpublic School)] has adopted the following family size income criteria for use in determining the eligibility of participants for free and reduced price meals and free milk:

**GUIDELINES TO DETERMINE PARTICIPANT ELIGIBILITY**

# FOR FREE AND REDUCED PRICE MEALS

**School Year 2024-2025**

ANNUAL FAMILY INCOME BEFORE DEDUCTIONS

FAMILY ELIGIBLE FOR FREE ELIGIBLE FOR REDUCED

 SIZE MEALS OR FREE MEALS PRICE MEALS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ONE | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | $19,578 | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | $27,861 |
| TWO | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 26,572 | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 37,814 |
| THREE | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 33,566 | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 47,767 |
| FOUR | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 40,560 | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 57,720 |
| FIVE | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 47,554 | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 67,673 |
| SIX | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 54,548 | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 77,626 |
| SEVEN | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 61,542 | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 87,579 |
| EIGHT | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 68,536 | ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ | 97,532 |

FOR EACH ADDITIONALFAMILY MEMBER, ADD 6,994 9,953

Participants from households whose income is at or below the levels shown are eligible for free and reduced price meals (or for free milk).

Application forms are being sent to some homes with a letter to parents, guardians or adult household members. All parents, guardians or adult household members wishing to apply for free or reduced price meals or free milk may fill out the application form sent home by the school, center, institution or home. Additional copies of the application are available at all sites and county offices. The information provided on the application is confidential information to be used only for the purposes of determining eligibility of the participant or sharing this information with other agencies sponsoring USDA Child Nutrition Programs. An application may be submitted at any time during the school year, but must be submitted annually for continued eligibility. Information given on the application may be verified at any time during the school year by school or program officials.

So that the school or program officials can determine eligibility for free or reduced price benefits, the household applying for a child must provide all of the following information listed on the application: Names of all household members; the last four-digits of the Social Security number of the household member who signs the application or a statement that the household member does not possess one; amount and source of income received by each household member; and the signature of an adult household member certifying that the information provided is correct. Households currently receiving Food Stamps or TANF benefits for children must indicate a Food Stamp/TANF Program Case Number for the household. The signature of an adult household member is required to certify the information provided on the application is correct.

Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Foster payments received by the family from the placing agency are not considered income and do not need to be reported. The signature of an adult household member is required to certify the information provided on the application is correct.

To determine eligibility for free or reduced price benefits for adult participants, the household or adult participant must provide the following information on the application: name of adult participant and adult participant’s dependent(s) and spouse residing with the participant; the last four-digits of the Social Security number of the adult household member who signs the application, or a statement that person does not possess one; participant’s income and dependent(s) and spouse’s income, if residing with the participant; and the signature of participant or adult household member. Food Stamp, TANF, (or in the case of Adult Day Care SSI and Medicaid), households only have to provide the participant's name and current Food Stamp, TANF case number, SSI and Medicaid number and an adult household member's signature.

Eligibility status remains in effect for one program year. If there is a change in household size or income that would reflect an increase in benefits for the program participant, reapplication is encouraged.

Under the provision of the free and reduced price meal and free milk policy the school principal or program director will review applications and determine eligibility. If a parent, guardian, or adult household member is dissatisfied with the decision, he/she may wish to discuss the decision with the principal or director on an informal basis. If the parent, guardian or adult household member wishes to make a formal complaint or request a hearing to appeal the decision, he/she should contact either orally or in writing:

Name Telephone

Address

The Sponsor (county or private school, institution, center site or home) policy contains an outline of the hearing procedures.

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

3. **email:**

program.intake@usda.gov

This institution is an equal opportunity provider.

Each school, child and adult care center, institution or site, home and the office of the Sponsor has a copy of the complete policy which may be reviewed by any interested party.

This is the public release we will send to:

(Enter names of news media outlets, unemployment offices and major employers contemplating or experiencing layoffs.

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on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date).

These groups must be advised of program availability, new programs or changes in existing programs.