

# WEATHERLY AREA SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. **Weatherly Area School District** offers healthy meals every school day. Breakfast costs **\$1.15 for Grades K-12**; lunch costs **\$2.20 for Grades K-8 and \$2.35 for Grades 9-12.. Your child(ren) may qualify for free meals or for reduced price meals.** Reduced price is \$ .30 for breakfast and **\$.40** for lunch. This packet includes an application for free and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who 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.

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

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2019-2020			
Household size	Annual	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

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, call or email **Dr. Catherine Nelson, Supervisor of Special Programs, 570-427-8687, nelsonc@weatherlysd.org**
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: **Rebekah McFadden, School Nurse, 602 Sixth Street, Weatherly, PA 18255.**
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 read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact **Rebekah McFadden, School Nurse, 602 Sixth Street, Weatherly, PA 18255, 570-427-8687, mcfaddenr@weatherlysd.org** immediately.
5. 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. Visit the PA Department of Human Services website at [www.compass.state.pa.us](http://www.compass.state.pa.us).
6. 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 30 operating school 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.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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/or reduced price meals if the household income drops below the income limit.
10. 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 by calling or writing to: **Teresa Young, Superintendent, 602 Sixth Street, Weatherly, PA 18255, 570-427-8681, [youngt@weatherlysd.org](mailto:youngt@weatherlysd.org)**.
11. 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.
12. 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 made \$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.
13. 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, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
14. 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.
15. 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 **Brenda Parise, 602 Sixth Street, Weatherly, PA 18255, 570-427-8681, [pariseb@weatherlysd.org](mailto:pariseb@weatherlysd.org) or your child's school office** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, visit [www.compass.state.pa.us](http://www.compass.state.pa.us), contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call **570-427-8687**.

Sincerely,



**Brenda M. Parise, Assistant Business Manager**

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, audiotope, 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS or SPECIAL MILK PROGRAM

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 Weatherly Area School District. The application must be filled out completely to certify your children for free or reduced price school meals. 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, contact Rebekah McFadden School Nurse/Approving Official @ 570-427-8687 or email at mcfaddenr@weatherlysd.org

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, 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 Weatherly Area School District regardless of age.

<p><b>A) List each child's name.</b> 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.</p>	<p><b>B) Is the child a student at Weatherly Area School District?</b> Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Weatherly Area School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the left.</p>	<p><b>C) Do you have any foster children?</b> 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.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> 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.</p>
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## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

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).
- The Temporary Assistance for Needy Families (TANF).

**A) If no one in your household participates in any of the above listed programs:**

- Leave STEP 2 blank and go to STEP 3.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-877-395-8930 or your local assistance office.
- 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.

- 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, 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.
  - Infants, Children, and Students already listed in STEP 1.

**B) 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.

**C) Report earnings from work.** Report all 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.

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

**F) 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.

**D) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.

**G) 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."

**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, also make sure you have read the privacy and civil rights statements on the back of the application.*

**A) 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.

**B) Print and sign your name.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

**C) Write today's date.** In the space provided, write today's date in the box.

**D) 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.

2020-2021 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Use a pen)

**STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)**

Child's First Name	MI	Child's Last Name	Grade Enter HS for Head Start	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?**

If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: \_\_\_\_\_ Write only one nine (9) digit case number in this space.

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

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?		
Weekly	Bi-Weekly	2x-Monthly	Monthly
\$			

**B. All Adult Household Members (including yourself)**  
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.  
If no income is received 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.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income		
	Weekly	Bi-Weekly	2x-Monthly	Monthly	Annual	Weekly	Bi-Weekly	2x-Monthly	Monthly
\$									
\$									
\$									
\$									
\$									

Total Household Members (Children and Adults)   Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member     Check if no SSN

**STEP 4 Contact Information and Adult Signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Street Address (if available) \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult signing the form \_\_\_\_\_ Signature of adult \_\_\_\_\_ Today's date \_\_\_\_\_

**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 <ul style="list-style-type: none"> <li>• Disability Payments</li> <li>• Survivor's Benefits</li> </ul>	- 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 - A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

**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.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  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 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) Program 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.

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.

**Do not fill out For School Use Only**

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

Total Income: \_\_\_\_\_ Per :  Week,  Every 2 Weeks,  Twice A Month,  Monthly,  Yearly, Household Size: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_  
 Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_  Categorically Eligible  Other Source Categorically Eligible  Native Hawaiian or Other Pacific Islander  Black or African American  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  
 Confirming Official's Signature (cannot be the Determining Official): \_\_\_\_\_ Date: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
- Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) * Reporting Annual Income is allowable for seasonal or self-employment 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	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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](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:

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

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

\* All Household Applications must be returned to your child's school for processing.



Book	Policy Manual
Section	800 Operations
Title	Food Services
Code	808
Status	Active

Legal	1. 2 CFR Part 200
	2. 24 P.S. 1335
	3. 24 P.S. 1337
	4. 24 P.S. 504
	5. 24 P.S. 807.1
	6. 42 U.S.C. 1751 et seq
	7. 42 U.S.C. 1773
	8. 7 CFR Part 210
	9. 7 CFR Part 215
	10. 7 CFR Part 220
	11. FNS Instruction 113-1 (USDA)
	12. 7 CFR 210.23
	13. 42 U.S.C. 1760
	14. 7 CFR 210.14
	15. 3 Pa. C.S.A. 5713
	16. 42 U.S.C. 1758(h)
	17. 7 CFR 210.13
	18. 7 CFR 210.30
	19. Pol. 246
	20. 42 U.S.C. 1758
	21. 7 CFR Part 245
	22. 7 CFR 15b.40
	23. Pol. 103.1
	24. Pol. 113
	25. Pol. 209.1
	26. Pol. 610
	27. Pol. 626
	28. Pol. 827
	29. 7 CFR 210.15
	30. 7 CFR 220.7
	31. 7 CFR 210.9
	P.L. 111-296
	7 CFR Part 15
	Pol. 103

Adopted June 16, 2006

Last Revised December 11, 2019

### **Purpose**



The Board recognizes that students require adequate, nourishing food and beverages in order to grow, learn and maintain good health. The Board directs that students shall be provided with adequate space and time to eat meals during the school day.

### **Authority**

The food service program shall be operated in compliance with all applicable state and federal laws and regulations, as well as federal guidelines established by the Child Nutrition Division of the United States Department of Agriculture (USDA).[\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#)[\[7\]](#)[\[8\]](#)[\[9\]](#)[\[10\]](#)

The district shall ensure that, in the operation of the food service program, no student, staff member, or other individual shall be discriminated against on the basis of race, color, national origin, age, sex or disability.[\[11\]](#)[\[12\]](#)

Food sold by the school may be purchased by students and district employees but only for consumption on school premises. The price charged to students shall be established annually by the district in compliance with state and federal laws.[\[4\]](#)[\[13\]](#)

Nonprogram food shall be priced to generate sufficient revenues to cover the cost of such items. A **nonprogram food** shall be defined as a food or beverage, other than a reimbursable meal or snack, that is sold at the school and is purchased using funds from the child nutrition account. **Nonprogram foods** include but are not limited to adult meals and a-la-carte items. All revenue from the sale of nonprogram food shall accrue to the child nutrition program account.[\[13\]](#)[\[14\]](#)

### **Delegation of Responsibility**

Operation and supervision of the food service program shall be the responsibility of the Business Manager.

The individual responsible for the operation and supervision of the food service program shall present to the Board each month for its approval a statement of receipts and expenditures for cafeteria funds.[\[4\]](#)

Cafeterias shall be operated on a nonprofit basis. A periodic review of the cafeteria accounts shall be made by the Business Manager and/or auditor.[\[3\]](#)[\[4\]](#)

The individual responsible for the operation and supervision of the food service program shall ensure that school meals meet the standards required by the School Breakfast Program, the National School Lunch Program and the Special Milk Program.[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[6\]](#)[\[7\]](#)[\[8\]](#)[\[9\]](#)[\[10\]](#)

The Superintendent or designee shall comply with state and federal requirements for conducting cafeteria health and safety inspections and ensuring employee participation in appropriate inspection services and training programs.[\[15\]](#)[\[16\]](#)[\[17\]](#)[\[18\]](#)

The Superintendent or designee shall develop and disseminate administrative regulations to implement this policy.

The Superintendent or designee shall annually notify students, parents/guardians and employees concerning the contents of this policy and applicable administrative regulations. Notification shall include information related to nondiscrimination.[\[11\]](#)

### **Guidelines**

To reinforce the district's commitment to nutrition and student wellness, foods served in school cafeterias shall:[19]

1. Be carefully selected to contribute to students' nutritional well-being and health.
2. Meet the nutrition standards specified in law and regulations and approved by the Board.
3. Be prepared by methods that will retain nutritive quality, appeal to students, and foster lifelong healthy eating habits.
4. Be served in age-appropriate quantities, at reasonable prices.

The district shall use USDA Foods for school menus available under the Child Nutrition USDA Foods Programs.

All funds derived from the operation, maintenance or sponsorship of the food service program shall be deposited in the separate cafeteria fund, in the same manner as other district funds. Such funds shall be expended in the manner approved and directed by the Board, but no amount shall be transferred from the cafeteria fund to any other account or fund; however, district advances to the food service program may be returned to the district's general fund from any surplus resulting from its operation.[4]

Surplus accounts shall be used only for the improvement and maintenance of the cafeteria. [4]

#### Free/Reduced-Price School Meals and Free Milk

The district shall provide free and reduced-price school meals and/or free milk to students in accordance with the terms and conditions of the National School Lunch Program, the School Breakfast Program and the Special Milk Program.[20][21]

The district shall conduct direct certification three (3) times per year using the Pennsylvania Student Eligibility System (PA-SES) to identify students who are eligible for free school meal benefits without the need for submission of a household application. Direct certification shall be conducted:[20][21]

1. At or around the beginning of the school year.
2. Three (3) months after the initial effort.
3. Six (6) months after the initial effort.

The district may also conduct direct certification on a weekly or monthly basis.

#### Accommodating Students With Special Dietary Needs

The district shall make appropriate food service and/or meal accommodations to students with special dietary needs in accordance with applicable law, regulations and Board policy. [22][23][24][25]

#### School Meal Service and Accounts

To ensure the effective operation of the district's food service program and delivery of school food program meals to students, the district shall:

1. Assign individual school meal accounts to each student for the purchase of meals served in school cafeterias, which ensure that the identity of each student is

protected.

2. Notify parents/guardians when the student's school meal account reaches a low balance.
3. Notify parents/guardians when the student's school meal account reaches a negative balance. The notice shall include information on payment options.
4. Provide a school food program meal to each student who does not have the money to pay for the school food program meal or who has a negative balance in his/her school meal account, except as provided below or when the student's parent/guardian has specifically provided written notice to the district to withhold a school food program meal.[\[3\]](#)

If a student is not eligible for free or reduced-price school meals under federal school meal programs and the student's school meal account reaches a negative balance of more than fifty dollars (\$50) in a school year, the district may provide the student with alternative meals instead of school food program meals until the unpaid balance in the student's school meal account is paid or a payment plan has been established with the district to reduce the unpaid balance.[\[3\]](#)

When a student owes money for five (5) or more school food program meals, the district shall make at least two (2) attempts to contact the student's parent/guardian and shall provide the application for free/reduced-price school meal benefits to the parent/guardian to apply for benefits under federal school meal programs. The district may offer assistance to parents/guardians with applying for free/reduced-price school meal benefits.[\[3\]](#)[\[20\]](#)[\[21\]](#)

Communications regarding a low balance or money owed by a student for school meals shall be made to the student's parent/guardian.[\[3\]](#)

School staff may communicate a low balance or money owed by a student for school meals to a student in grades 9-12; such communication shall be made to the individual student in a discreet manner.[\[3\]](#)

The district shall be permitted to contact the student's parent/guardian by means of a letter addressed to the parent/guardian that is delivered by the student.[\[3\]](#)

District schools shall be prohibited from:[\[3\]](#)

1. Publicly identifying or stigmatizing a student who cannot pay for a school food program meal or who has a negative school meal account balance. It shall not constitute public identification or stigmatization of a student for a school to restrict privileges and activities of students who owe money for school meals if those same restrictions apply to students who owe money for other school-related purposes, or to provide a student with an alternative meal as provided above.
2. Requiring a student who cannot pay for a school food program meal to perform chores or other work to pay for the meal, unless chores or other work are required of all students regardless of their ability or inability to pay for a school food program meal.
3. Requiring a student to discard a school food program meal after it was served to the student due to the student's inability to pay for the meal or due to a negative school meal account balance.

This policy and any applicable procedures or administrative regulations regarding school meal charges and school meal accounts shall be communicated annually to school administrators, school food service personnel, other appropriate school staff, and contracted food service personnel.

The district shall provide parents/guardians with a written copy of this policy and any applicable procedures or administrative regulations at the start of each school year, when a student enrolls in school after the start of the school year, and when a parent/guardian is notified of a negative school meal account balance.

The district shall annually inform parents/guardians, students and staff about the contents of this policy and any applicable procedures via the district website, student handbooks, newsletters, posted notices and/or other efficient communication methods.

#### Collection of Unpaid Meal Charges

Reasonable efforts shall be made by the district to collect unpaid meal charges from parents/guardians. Efforts taken in the collection shall not have a negative impact on the student involved, but shall focus primarily on the parents/guardians responsible for providing funds for meal purchases.

Parents/guardians will be notified in writing that their child has a negative balance from the previous school year, no later than September 30th of the current school year. If payment is not received within thirty (30) days or such provisions made with the Business Office, any balance over \$30.00 shall be turned over to a Collection agency for collections, and any balance over \$40.00, in addition to going to a collection agency, may be turned over to the District Magistrate for further collection.

#### Procurement

Procurement of goods or services for the food service program shall meet the requirements of applicable law, regulations and Board policy and procedures.[26][27][28]

#### Professional Standards for Food Service Personnel

The district shall comply with the professional standards for school food service personnel who manage and operate the National School Lunch and School Breakfast Programs. For purposes of this policy, **professional standards** include hiring standards for new food service program directors and annual continuing education/training for all individuals involved in the operation and administration of school meal programs. Such professional standards shall apply to both district-operated food service programs and contracted food service programs.[6][7][18][29]

#### School Food Safety Inspections

The district shall obtain two (2) safety inspections per year in accordance with local, state, and federal laws and regulations.[16][17][30]

The district shall post the most recent inspection report and release a copy of the report to members of the public, upon request.

#### School Food Safety Program

The district shall comply with federal requirements in developing a food safety program that enables district schools to take systematic action to prevent or minimize the risk of foodborne illness among students.[8][10][16]

The district shall maintain proper sanitation and health standards in food storage, preparation and service, in accordance with applicable state and local laws and regulations and federal food safety requirements. [\[17\]](#)[\[30\]](#)[\[31\]](#)

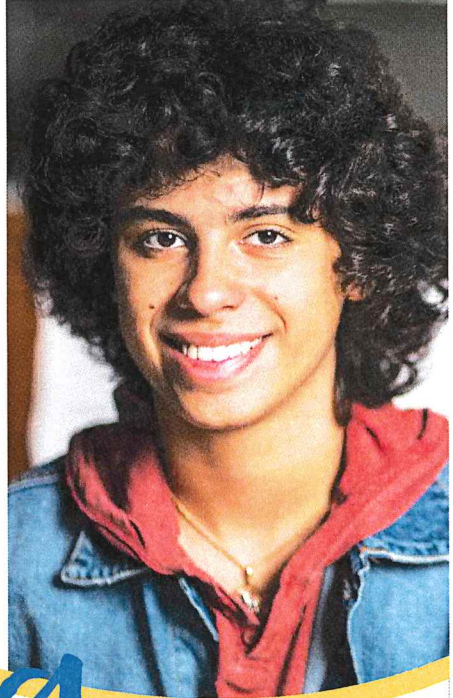
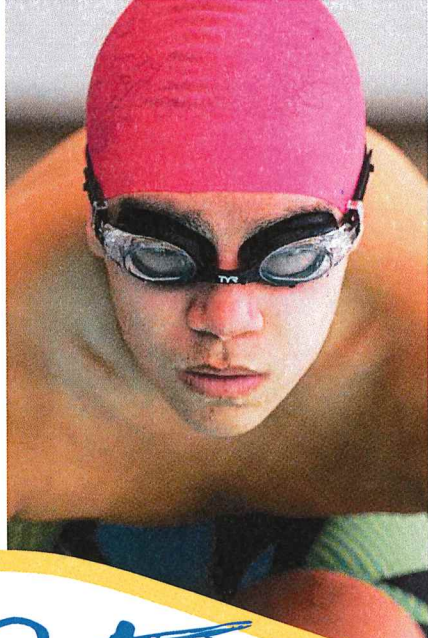
[808-AR-0-FoodSafety \(1\).doc \(37 KB\)](#)

[808-AR-2-NtcSchoolMealChrgs \(1\).doc \(33 KB\)](#)

[808-AR-3-RtndCkNtc \(1\).doc \(33 KB\)](#)

[808-AR-4 Public Notification and Civil Rights Complaints \(1\).doc \(60 KB\)](#)

[808-AR-5 Professional Stds Food Service Personnel \(1\).doc \(62 KB\)](#)



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