

# Welcome!!

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- To a monthly live link to the Bureau of Nutrition and Health Services for new and not so new school nutrition managers.
- To a forum for you to ask questions and get answers.



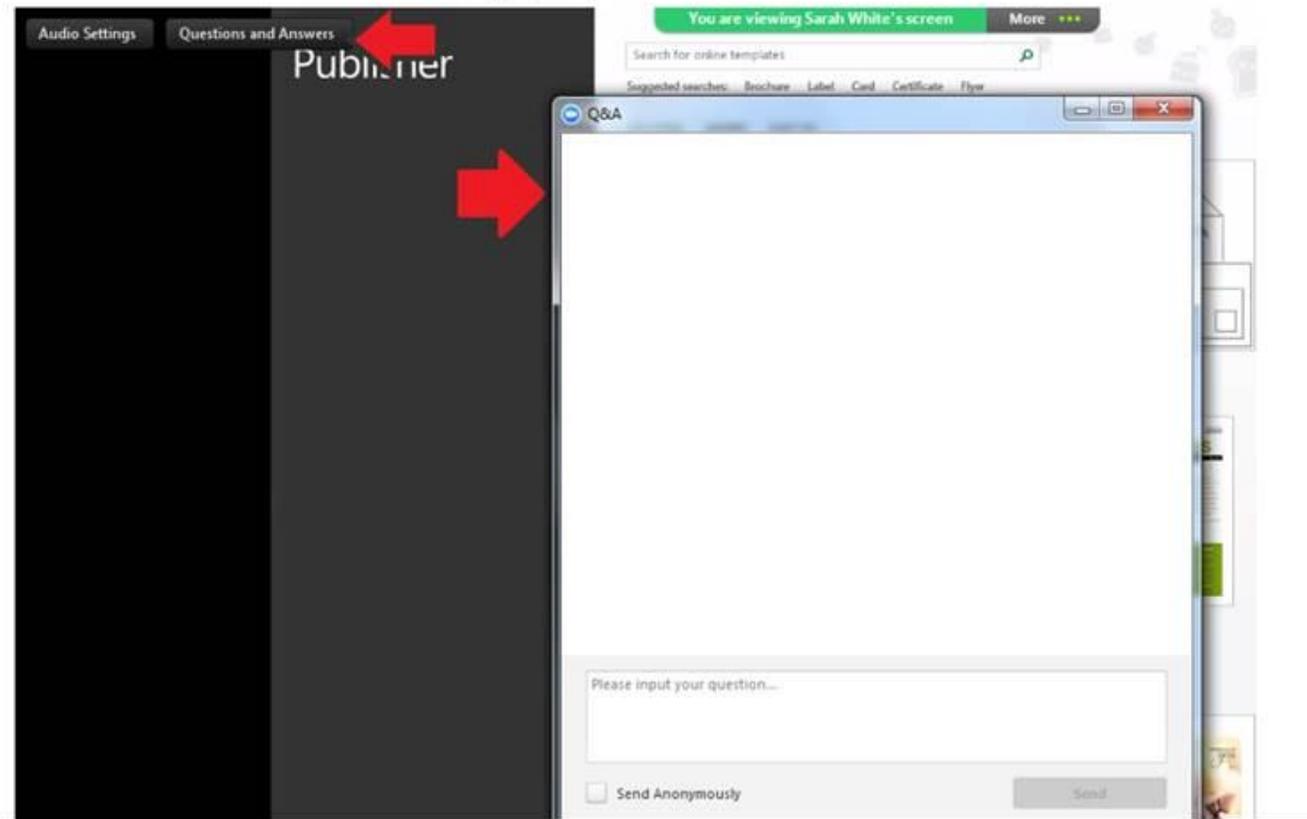
# Housekeeping

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- Handouts posted on website
- All participants are muted.
- To ask a question, click on Questions & Answers

# Q&A

If at any point during the webinar you have a question please click on the Questions and Answers button to bring up the Q&A box. Type your question and click "Send".



The screenshot displays a webinar interface with a dark background. At the top, there are two buttons: "Audio Settings" and "Questions and Answers". A red arrow points to the "Questions and Answers" button. Below the buttons, the word "Publinter" is visible. A search bar is present with the text "Search for online templates" and a magnifying glass icon. Below the search bar, there are suggested search terms: "Brochure", "Label", "Card", "Certificate", and "Flyer". A green banner at the top right says "You are viewing Sarah White's screen" with a "More" button and three stars. A "Q&A" dialog box is open in the foreground, featuring a large text input area with the placeholder text "Please input your question...". At the bottom of the dialog box, there is a checkbox labeled "Send Anonymously" and a "Send" button.

# This Webinar and Training Documentation FOR USDA Professional Standards



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- Document the time you spend watching this webinar or other webinars presented by our Bureau.
- Participation Documentation in handouts
- Learning Objectives for today are under Free and Reduced Price Meal Benefits (3100)
- 3110 - Certify, process, and verify free and reduced price meal eligibility benefits in compliance with Federal regulations



# Monthly Memo REVIEW

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- Sent to designated Authorized Representative and Food Service Director in IowaCNP
- Contact [patti.harding@iowa.gov](mailto:patti.harding@iowa.gov) to receive these
- History for last 5 years on
  - <https://www.educateiowa.gov>



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# Questions about Monthly Memos???



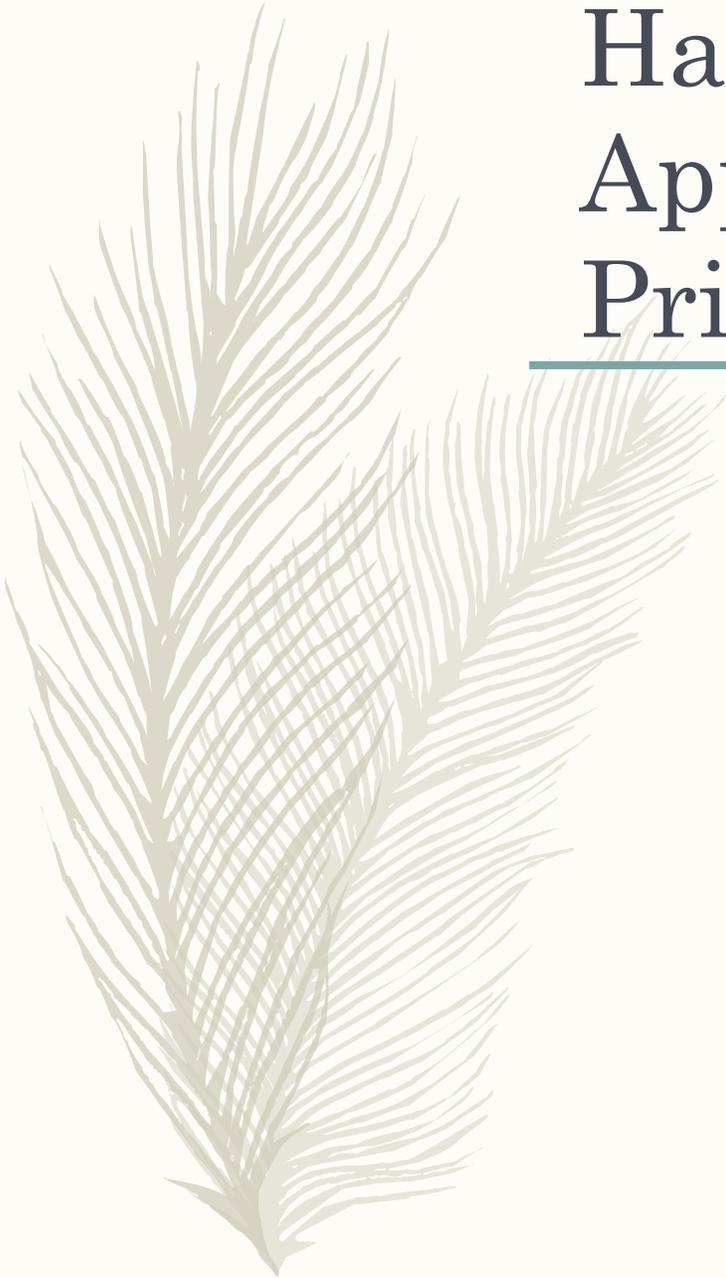
2016-2017  
Iowa Free &  
Reduced Price  
Application  
Materials

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Deb Linderblood, MS, RD, LD.

# Have You Seen the 2016-2017 Application for Free and Reduced Price Meals?

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# Why A New Application Format?

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- On April 13, 2015 USDA released memo SP 33-2015: Revised Prototype Free and Reduced Price Application and Materials: Policy Changes and Design Overview
  - Prototype Application for Free and Reduced Price Meals
  - Prototype Information letter
  - Instructions document

# USDA's Goal



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- To make it easier for families to complete so they can provide accurate information
  - States encouraged to use the prototype to support access to school meals
    - Especially for children whose parents may have limited literacy
    - To strengthen program integrity



# Background

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- Based on feedback gathered over time, USDA determined it would be useful to revise the prototype application format
- Engaged with The Innovation Lab at the Office of Personnel Management (OPM Lab)
  - To explore ways to improve the usability and overall design
  - Added focus on enhancing program integrity



# Human Centered Design

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- OPM Lab employs an approach to problem solving known as Human Centered Design
  - Is a philosophy
  - Is an iterative process
  - Focuses on the needs and motivation of the people who use any given product



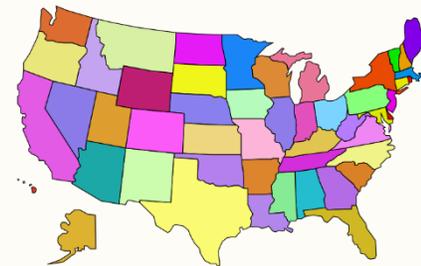
# HCD-Based Process

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- Involved research on application design practices
- Stakeholder interviews with State and local officials
- A review of existing regulations
- Most importantly
  - A series of focus tests with parents likely to fill out a free and reduced price school meals application

# Iowa

- For SY 2015-2016 the decision was made to wait one year before implementing an Iowa Prototype Application similar to USDA's prototype
- See if USDA made revisions after their prototype was used for a year
- Get feedback from other states that had developed a prototype similar to USDAs
  - *South Dakota*
  - *Nebraska*
  - *Kansas*
  - *Colorado*
  - *Utah*





# 2016 Revised Edition

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- On April 29, 2016 USDA released memo SP34-2016: **Revised** prototype Free and Reduced Price Application Materials for SY 2016-17
  - Revised edition of the Prototype Application for Free and Reduced Price School Meals
    - *Grade field was added to the children’s reporting section*
    - *“For school or District Use Only” section was added*
    - *“Sources of Income” Charts were removed from the instructions and added to the application*
  - Prototype letter to households
  - Prototype application instructions



# Required Modifications-Child Income

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- In the past USDA's prototype application requested individualized income reporting for each child
- Streamlined income reporting for all children into a single reporting field
  - *Households need to report the total gross income earned by children/students*
- Intended to reduce confusion when completing the application and reduce clutter on the application

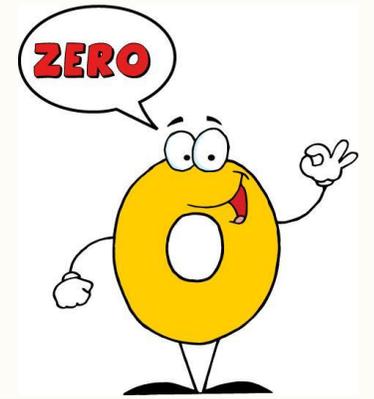


# Required Modification-No Income

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- Indication of No Income
  - In the past applicants had to obtain an indication of no income, such as requiring applicants to write a zero in each applicable field or mark a “No Income” box
    - *If income field was left blank, that application was considered incomplete*
    - *Resulted in administrative burden for SFAs in making unnecessary follow-up contact with households*

# Required Modification



- Applications still needed to request that applicants write a zero when there is no income to report, but will no longer require a separate indication of no income
- *Instead, applications must provide instructions that any field left blank is a positive indication of no income and certifies that there is no income to report*

# Required Modification 2017-2018

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- *Effective 2017-2018: the application must be structured to ensure that only households applying on the basis of income are requested to provide the last four digits of an adult household member's Social Security Number or indicate a lack thereof*





# Recommended Modifications

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1. Income reporting in whole dollars

- A. *Simplifies income reporting*

- B. *Round off amounts to the nearest whole dollar*

- (drop amounts under 50 cents and increase amounts from 50 to 99 cents to the next dollar)*

2. Separate reporting for children and adults

- A. *Separate reporting for infants, children and students up to grade 12 from those for adult household members*

- B. *Is intended to reduce the risk of duplicate entries and make it easier for households to accurately list all members*



# More Recommended Modifications

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## 3. Total household members reporting field

- A. FNS recommends including on the application a field for households to report the total number of members present in the household
  - a. *Intended as an accountability safeguard*
  - b. *Encourages households to report all members who are present*
  - c. *Alerts reviewing officials to discrepancies in the number of household members reported*



# Policy Clarification

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- USDA Non-Discrimination statement is a required part of the application
  - *New version is available on IowaCNP under download forms*
    - 11 point font is the ideal font size
    - A font size as small as 9 point may be used
    - If the document is a one page document, the font size must be the same as the rest of the font used to maintain equal importance
  - *Racial/Ethnic survey also required*



# Designing Iowa's Application

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## – Goals

- Add all required elements that had not been on Iowa's prior version
- Income reporting for all children into a single reporting field
- USDA and Iowa Nondiscrimination Statements
- Retain the "For Administrative Use Only" section
- Keep the hawk-i section
- Add the web site for the translated application materials

# Iowa's Application

## 2016-2017 Iowa Application for Free and Reduced Price School Meals/Milk

<Apply online at: (Remove if N/A)>

Received Date: \_\_\_\_\_

Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted.

### 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 the supplemental worksheet.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI	Child's Last Name	Student?		Child's School	Grade	Homeless, Migrant, Runaway	
				Yes	No			Food Assistance	EBT
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

### STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDIPIR? Circle one: Yes, / No No, complete STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).

Write only one case number in this space. Medicaid, Title XIX & EBT card numbers are not acceptable.

Case Number: \_\_\_\_\_ Name of Household Member with Case Number: \_\_\_\_\_

### 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 income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here.

Total Child Income: \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  2x Month  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 for each source in whole dollars only. 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. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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 (optional) \_\_\_\_\_ Email (optional) \_\_\_\_\_

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

### DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Household Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Twice Monthly  Monthly  Annually Household Size: \_\_\_\_\_

Application Approved:  Income  Foster Child  FIP/Food Assistance  Head Start (documentation required)  Homeless/Migrant/Runaway-Local Official Documentation Required

Eligibility Determination:  Free  Reduced  Free Milk Application Denied:  Incomplete  Over income limits

# Iowa's Application-Page 2

## 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

**Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

If your children do not have health insurance, many families getting free & reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free & reduced price meal eligibility information with Medicaid & **hawk-i**, the State's medical insurance program for children. **Private schools, RCCIs and childcare organizations may choose to share this information.** Specifically, we will give them your child's name, your name & address. Medicaid & **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance & then to contact you. They are not allowed to use the information from your free & reduced meal application for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or hawk-i, you must tell us by completing the information below.** If you want further information, you may call **hawk-i** at 1-800-257-8563. Also, if you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact. My signature below indicates I DO NOT want school officials to share information from my free & reduced price meal application with Medicaid or **hawk-i**.

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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 submit all needed information, 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 social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA), Family Investment Program (FIP) 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.

**USDA Nondiscrimination 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, 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.

**Iowa Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

**Translated applications are available in 34 languages at:**  
<http://www.fns.usda.gov/school-meals/family-friendly-application-translations>

# Supplemental Worksheet

## 2016-2017 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

### Additional Children in Your Household

Child's First Name	MI	Child's Last Name	Student? Yes No		Child's School	Grade	Homeless, Migrant, Runaway Equal Opportunity Code	
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

### Additional Adults in Your Household

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support /Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x/Month	Monthly		Weekly	Bi-Weekly	2x/Month	Monthly		Weekly	Bi-Weekly	2x/Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Self-Employment Income Calculations

This worksheet will assist you in calculating the amount to report if you engage in farming, are self-employed or have income from other sources.

Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12 \$                      Business Income or (Loss)

LINE 13 \$                      Capital Gain or (Loss)

LINE 14 \$                      Other Gains or (Losses)

LINE 17 \$                      Rental real estate, royalties, partnerships, S corporations, trusts, etc.

LINE 18 \$                      Farm Income or (Loss)

TOTAL \$                      Gross Annual Income Before Any Deductions.

Computed Monthly Income \$                      (Gross Annual Income ÷ 12 = Computed Monthly Income.)

The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.

### Optional Waiver Information

# IowaCNP-Download Forms

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- Application materials re-grouped
  - Milk Program
  - RCCIs
  - Schools
  - Spanish





# Iowa's Information Letter

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- Frequently Asked Questions About Free and Reduced Price School Meals
- In the past this has been referred to as the “Parent Letter”
- Three version
  - Public/Nonpublic schools
  - RCCIs
  - Special Milk Program
- Modify with your information
- On the school and special milk program version take off number 6 if you do not have an online application

# School Information Letter

4/16

## Frequently Asked Questions About Free And Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School / School District]** offers healthy meals every school day. Breakfast cost **[\$]**; lunch costs **[\$]**. **Your children may qualify for free meals/milk or for reduced price meals.** Reduced price is **[\$]** for breakfast and **[\$]** 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 **Food Assistance, or the Family Investment Program (FIP)**, 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 at or below the limits on the Federal Income Eligibility Guidelines below. (Requires submitting an Application for Free and Reduced Price Meals/Milk.)

### FEDERAL INCOME ELIGIBILITY GUIDELINES For School Year 2016-2017

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,932	5,663	2,832	2,614	1,307
8	75,591	6,304	3,152	2,910	1,455
Each additional person:	7,696	642	321	296	148

2. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, they are not eligible to receive free milk.
3. 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 call or e-mail **[school, homeless liaison or migrant coordinator]**.



# Iowa's Instructions On How To Apply

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- Document is similar to the prototype released by USDA in 2015
  - Four page document
  - Provides specific instructions for each Step of the application
- In 2016 USDA was able to shorten their prototype instructions to a two page document
  - *Tables with Sources of Income for children and sources of income for adults was moved to the back of the application*
- At this time Iowa is unable to develop a two page document due to space constraints



# Modifications to Iowa's Application/Information Letter

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- If SFA modifications are made to Iowa's application or letter to households, SFAs must have their modified versions approved yearly by the State Agency
- This does not apply to adding your school name, address, phone number and prices
- Complete an Approval Request Form-Revised or scannable applications
- E-mail the completed request form and modified documents to Deb Linderblood

# Online Applications



- If a SFA utilizes an online application system, the system must be approved each year prior to the beginning of the new school year
- Complete an Approval Request Form-Online Applications
- E-mail the completed form to Deb Linderblood



# Iowa's Notification Letter

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- Continues to be one letter that can be used for:
  - Households approved for Free or Reduced Price meals
  - Households who are directly certified
  - Households who are denied benefits



# Notification Letter Addition

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- Section to inform households of a change in benefit status that results from:
  - Findings at an Administrative Review
  - SFA finds an error in the benefit status after the initial determination is made and an initial notification letter has already been sent

# Review Findings

**TEN**  
**DAYS**

- This was added due to review findings that SFAs were not adhering to the Eligibility Manual guidance on the length of the appeal period, as well as when to increase or decrease benefits
  - Must increase benefits within three operating days from the date of the letter
  - Household must request a hearing within 10 calendar days from the date of the letter if there is a decrease in benefits
  - Must decrease benefits within 10 operating days following the appeal period



# Approval

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- SFAs who use a revised version of the State Agency's Notification Letter or use a letter generated by their point of sale system must obtain yearly approval from the State Agency
- Complete an Approval Request Form-Notification Letters
- E-mail the completed request form along with each type of letter (free/reduced price, directly certified and/or denial) to Deb Linderblood



# Approval Request Forms

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**NSLP022**

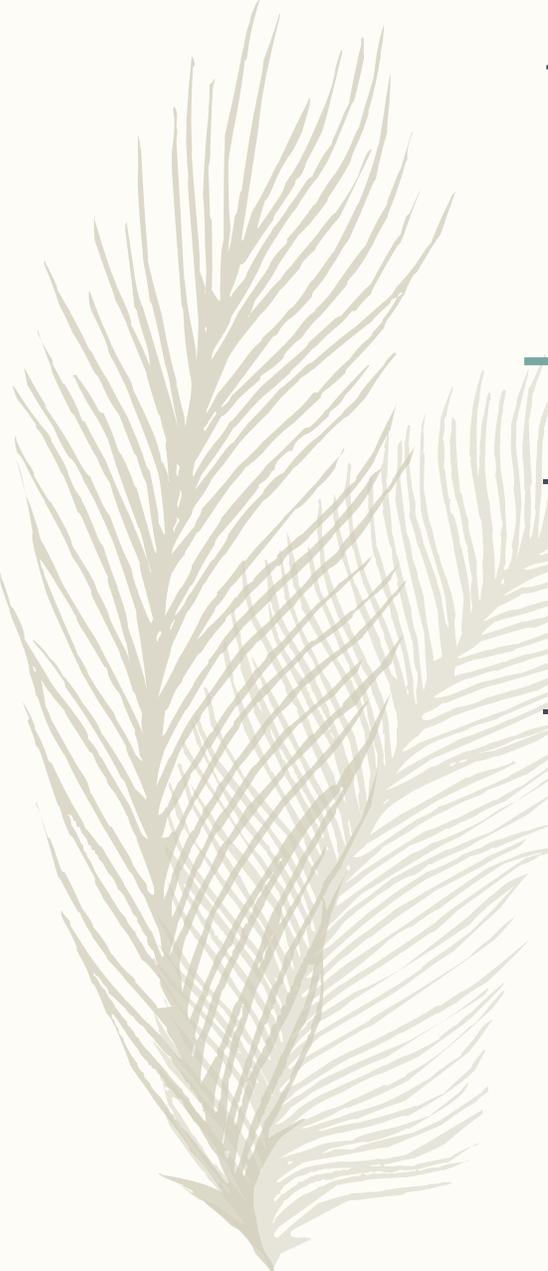
Approval Request Form-Notification Letters

**NSLP023**

Approval Request Form-Online

**NSLP024**

Approval Request Form-Revised or Scannable Applications



# Upcoming Webinars

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- July 14, 2016 from 9:00 a.m. – 11:30 a.m.
  - Application Approval and Direct Certification
- July 27, 2016 from 1:00 p.m. – 3:30 p.m.
  - Application Approval and Direct Certification



# Upcoming training opportunities

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## What's New in School Nutrition – August 22

- Welcome to SY 2016-17
- Review of Calendar
- Training Guidance and  
Resources

## New Managers Orientation in Ames (July 19-21)

## Healthy School Meals Short Course in Ames (July 20-21)

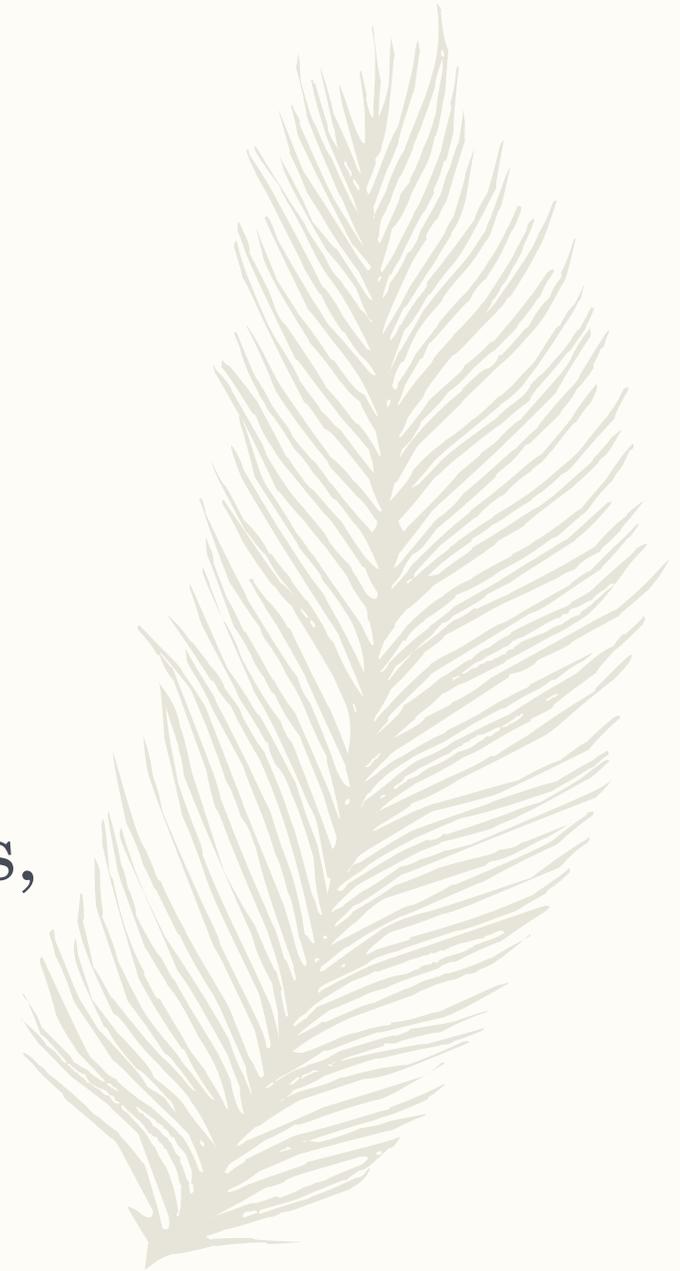


# Best Practice Presentations, Peer Mentors, Creating an Action Plan

Best Practice Presentations, Peer Mentors, Creating an Action Plan

September 27-28, Ankeny, DMACC

FFA Enrichment Center



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# Thank You

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# Questions

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