


Determining Eligibility in the School Nutrition Programs, Summer Food Service Program, and S-EBT

Module 2: Processing Applications


Part 3 – Reviewing Applications and Special Considerations



Determining Eligibility in the School Nutrition Programs, Summer Food Service Program, and S-EBT

Module 2: Processing Applications

Part 3 – Reviewing Applications



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Education

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Bureau of Child Nutrition Programs

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Determining Eligibility Training Modules

- Module 1: Introduction to Application Certification and Verification
- Module 2: Processing Applications
 - Part 1 – Starting the Application Process
 - Part 2 – Receiving and Processing Applications
 - Part 3 – Reviewing Applications and Special Considerations
 - Part 4 – Notification, Documentation, and Final Steps
- Module 3: Direct Certification
- Module 4: Test Your Knowledge About Processing Applications
- Module 5: Confidentiality and Disclosure

<https://portal.ct.gov/sde/nutrition/eligibility-for-free-and-reduced-price-meals-and-free-milk-in-school-nutrition-programs/determining-eligibility-training>

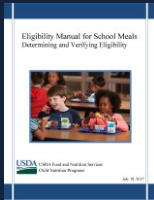
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USDA Resource

USDA's Eligibility Manual for School Meals


- Latest version dated July 18, 2017



https://portal.ct.gov/-/media/sde/nutrition/nsip/forms/freered/usda_eligibility_manual.pdf

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Topics for Part 3 – Reviewing Applications and Special Considerations

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Topics

- Calculating income
- Applications for foster children
- Processing applications with written case numbers
- Accountability of determining official
- Web-based applications



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Calculating Income

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Income Conversion

- Required for multiple frequencies of income
- Not required if all income is same frequency



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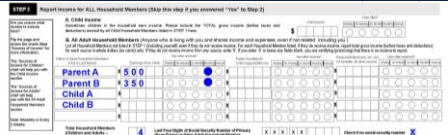
How to Annualize Income

| Income frequency | Multiply by |
|--|-------------|
| Weekly | 52 |
| Bi-weekly income (received every 2 weeks) | 26 |
| Semi-monthly income (received twice per month) | 24 |
| Monthly | 12 |

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Calculating Income Example 1



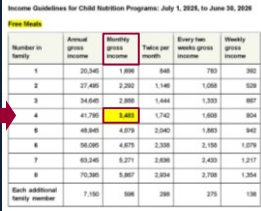
- Parent A: \$500 per month
- Parent B: \$350 per month
- Total = \$850 per month

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Calculating Income Example 1: Income Eligibility Guidelines

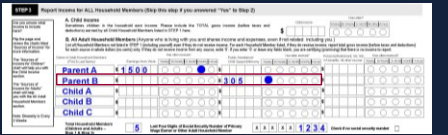
- Total monthly income = \$850
- Free monthly IEG = \$3,483
- Eligible for free meals



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Calculating Income Example 2



- Parent A: \$1,500 monthly
- Parent B: \$305 weekly

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Calculating Income Example 2: Annualizing Income

- Parent A: \$1,500 monthly X 12 = \$18,000 annual income
- Parent B: \$305 weekly X 52 = \$15,860 annual income
- Total = \$33,860 annual income

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Calculating Income Example 2: Income Eligibility Guidelines

- Total annual income = **\$33,860**
- Free annual IEG = **\$48,945**
- Eligible for free meals

| Free Meals | Number in Family | Annual gross income | Monthly gross income | Totals per month | Every two weeks gross income | Weekly gross income |
|-------------------------------|------------------|---------------------|----------------------|------------------|------------------------------|---------------------|
| | 1 | 20,345 | 1,695 | 848 | 793 | 362 |
| | 2 | 27,465 | 2,282 | 1,141 | 1,095 | 520 |
| | 3 | 34,585 | 2,868 | 1,434 | 1,371 | 607 |
| | 4 | 41,705 | 3,455 | 1,728 | 1,658 | 745 |
| | 5 | 48,825 | 4,042 | 2,020 | 1,932 | 842 |
| | 6 | 55,945 | 4,628 | 2,313 | 2,158 | 979 |
| | 7 | 63,065 | 5,215 | 2,606 | 2,433 | 1,117 |
| | 8 | 70,185 | 5,802 | 2,900 | 2,708 | 1,254 |
| Each additional family member | | 7,100 | 588 | 296 | 276 | 128 |

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Foster Children

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Foster Child's Eligibility for Free Benefits

- Household (HH) submits application
- Direct certification

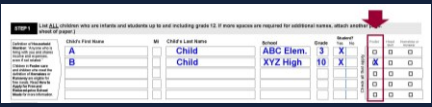


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HH Submits Application for Foster Child

- Foster child box is checked



- Applications are subject to formal verification process

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Consideration for Applications with Foster Children

- Mixed HH
- Foster Payments
- No Eligibility Extension

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Mixed Households

Households that include children who are Other Source Categorically Eligible and children who are not

- Same HH could have two different eligibility determinations

Terms to Know

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Mixed Households May Include

- Foster child as HH member
- Personal use income earned by foster child



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Applications with Mixed Households

- Certify foster child as free
- Determine eligibility for remainder of HH
 - HH's income (including personal income earned by foster child)
 - Other categorical eligibility information reported on application




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Foster Payments

- Not considered income and do not need to be reported



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No Eligibility Extension Based on Foster Child Status

- Foster child's free eligibility does not extend to other children in HH




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When Foster Children are Adopted

- No longer categorically eligible for free meals as a foster child
- Free eligibility status does not change in current school year (SY)
 - Includes up to 30 operating days in subsequent SY




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Eligibility of Adopted Foster Children for Subsequent SYs

- Must determine eligibility based on economic unit
- Count all income available to HH including adoption assistance



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“Subsidized” Adoption

- Subsidy included in total HH income
- Eligibility based on HH size and income



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CSDE Resource

Determining Foster Children’s Eligibility for Free Meals or Milk in the School Nutrition Programs and Summer Food Service Program



https://portal.ct.gov/-/media/sde/nutrition/nsfp/forms/freered/foster_children_eligibility_snp_sfsp.pdf

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Processing Applications with Handwritten Case Numbers

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Handwritten Case Numbers

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)



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Processing Applications with Handwritten Case Numbers

- DO must complete several steps before approving application




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Step 1: Check DC/S-EBT list

- Type of code determines how each application is handled



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Child is FS, AF, or FM

- Process application as free
- Indicate application is directly certified
- Extend free benefits to all children in HH
- Not subject to verification




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Child is OT

- Process application as free
- Indicate application is directly certified
- Free benefits do not extend to children in HH
- Not subject to verification




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Child is RM and HH Size/Income Makes Application Denied


- Process application as reduced
- Indicate application is directly certified
- Extend reduced benefits to all children in HH
- Not subject to verification



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Step 2: Review Application for Income



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Income Supports Free Determination

- Process application as free
- Subject to verification if application selected




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Income Supports Reduced Determination

- Process application as reduced
- Contact HH for proof of SNAP or TFA client ID number



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Part 3 – Reviewing Applications and Special Considerations

Income Not Provided or Makes Application Denied

- Cannot approve application
- Send parent/guardian notification letter requesting proof of TFA/SNAP number
- No response: application incomplete and remains denied



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Proof of SNAP or TFA Benefits

For reporting purposes on USDA's FNS 742 Verification Summary Report


| | |
|---|--|
| DSS letter indicating TFA benefits | DSS letter indicating SNAP benefits |
| <ul style="list-style-type: none">Considered direct certification | <ul style="list-style-type: none">Not considered direct certificationMust code separately |

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Zero SNAP Benefit Households

- Review DSS letter to make sure HH is not receiving “zero benefits”
- If HH is receiving “zero benefits” child is not categorially eligible for free meals or milk




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Connecticut CONNECT EBT Card

- Cannot use as proof of SNAP or TFA benefits
- Issued for other programs that do not make a child eligible for free meals or milk




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CSDE Resource

Procedures for Processing Free and Reduced-price Applications with a SNAP or TFA Number



https://portal.ct.gov/-/media/sde/nutrition/nsip/forms/freered/processing_free_reduced_applications_snap_tfa_number.pdf

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Accountability of Determining Official

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Part 3 – Reviewing Applications and Special Considerations

Importance of Accurate Determinations

- Correct benefits for child
- Correct funding for LEA



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Entities Checking Application Approvals

- LEA
- CSDE
- Board of education or town



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Summary of Entities Checking Application Approvals

| LEA | CSDE | BOE |
|---|--|--|
| <ul style="list-style-type: none"> ▪ HH selected for verification (confirmation review) ▪ Independent Review of Application | <ul style="list-style-type: none"> ▪ FNS 742 Verification Collection Report ▪ Administrative Review of school nutrition Programs | <ul style="list-style-type: none"> ▪ Town or board of education (BOE) auditor |

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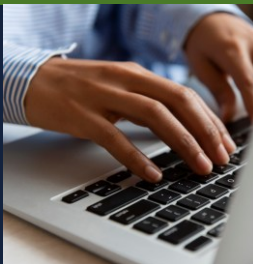
Considerations for Web-based Applications

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Consideration 1

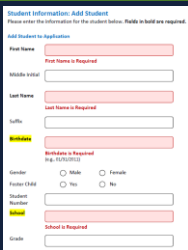
- Does the web-based application require information that is not required by USDA?



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Example 1 of Noncompliant Web-based Application



- Requires parent/guardian to complete birthdate and school
 - Not mandatory

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Example 2 of Noncompliant Web-based Application

Address Information
Please enter the address of the household that is applying for meal benefits. Fields in bold are required.

Address Address is Required

Address Line 2

City City is Required

State State is Required

Zip Code Zip Code is Required

Primary Phone

Secondary Phone

- Requires parent/guardian to complete address
 - Not mandatory

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Consideration 2

- Does the web-based application contain language that is not applicable?

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Unacceptable Language Example 1

- Does the web-based application contain language that is not applicable?
- Option to select "Migrant"
- Connecticut does not have a migrant education program

Special Circumstances
If this student is homeless, migrant, runaway, or participates in the Head Start Program, check the appropriate box below and call your school office.

Homeless Migrant Runaway

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Unacceptable Language Example 2

- Does the web-based application contain language that is not applicable?
- Option to give permission to share information with Medicaid
- Connecticut LEAs do not need parent/guardian permission to share information with Medicaid

Information Disclosure
Because health insurance is so important to children's well-being, the law allows your school district to tell Medicaid that your children are eligible for free or reduced-price benefits unless you tell them not to. Medicaid only uses the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced priced School Meals does not automatically enroll your children in health insurance. If you do not want your school district to share your information with Medicaid, please select "No" below.

Allow my district to share my information with the Medicaid Program. Yes No

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USDA Recommendation for Web-based Applications

- Set up to prevent incomplete responses for required fields, e.g., income
- Set up to warn applicant before they can move forward to next field

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CSDE Resource

Requirements for Implementing Web-based Applications for the School Nutrition Programs

https://portal.ct.gov/-/media/sde/nutrition/nsp/forms/freered/requirements_implementing_web_based_applications.pdf

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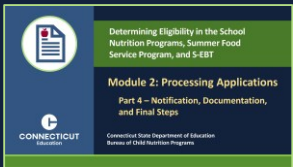
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Part 3 – Reviewing Applications and Special Considerations

Next Module

- Module 2: Processing Applications
 - Part 4 – Notification, Documentation, and Final Steps



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Questions? Contact School Nutrition Programs Staff

| County | Staff |
|---|--|
| Middlesex County (includes Regions 4, 13, and 17) Tolland County (includes Regions 8 and 19) | Jennifer Bove 860-807-2044 • jennifer.bove@ct.gov |
| Fairfield County (includes Region 9) Litchfield County (includes Regions 1, 7, 12, 14, and 20) | Fionnuala Brown 860-807-2129 • fionnuala.brown@ct.gov |
| Hartford County (includes Region 10) | Teri Dandeneau 860-807-2079 • teri.dandeneau@ct.gov |
| New Haven County (includes Regions 5, 15, and 16) | Greg King 860-713-6804 • greg.king@ct.gov |
| New London County Windham County (includes Region 11) | Susan Alston 860-807-2081 • susan.alston@ct.gov |

<https://portal.ct.gov/-/media/sde/nutrition/cnstaff/countyassign.pdf>

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Thanks for participating!



<https://portal.ct.gov/sde/nutrition/eligibility-for-free-and-reduced-price-meals-and-free-milk-in-school-nutrition-programs/determining-eligibility-training>

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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/ad-3027.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.

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