
BIG SANDY SCHOOL DISTRICT 100J

FREE AND REDUCED-PRICE SCHOOL MEALS POLICY

2023-2024 SCHOOL YEAR

Starting this 2023-2024 school year, Big Sandy School is excited to announce the participation in the Healthy School Meals for All program for Lunch. **All students enrolled at Big Sandy School may participate in the Lunch program at no cost!**

Studies have shown that students who are not hungry perform better in school. By providing Lunch to all no students at no cost, we are hoping to create a better learning environment for our students.

As in previous years, it's important for households to still provide their household income information when requested via an application. While meals will be provided at no cost to all students in participating schools, it's important for Big Sandy School to continue gathering this information in order to receive full access to state and federal funding. Additional funds will go directly to schools to help cover the cost of meals, support after-school activities and other nutritional programs for students. Plus, households who qualify may receive discounted school fees, class materials, bus passes, utilities support and more.

The following policy contains more information on eligibility determination for free and reduced-price meals. Please note that, while the following pages may reference eligibility for free or reduced-price school meals, Lunch will be provided free to all students in the 2023/2024 school year regardless of your household income.

Big Sandy School District announced its policy for determining eligibility of children who may receive free and reduced-price meals [or free milk] served under the National School Lunch (NSLP). Local school officials will use the following household size and income criteria for determining eligibility.

Household Size	Free Guidelines – Annual Income	Reduced-Price Guidelines – Annual Income
1	\$18,954	\$26,973
2	\$25,636	\$36,482
3	\$32,318	\$45,991
4	\$39,000	\$55,500
5	\$45,682	\$65,009
6	\$52,364	\$74,518
7	\$59,046	\$84,027
8	\$65,728	\$93,536
For each additional person:	\$6,682	\$9,509

Children from families whose income is at or below the levels shown are eligible for free or reduced-price meals.

The school meals that Big Sandy School District serves follows U.S. Department of Agriculture guidelines for healthy school meals.

For information on where to find an application and how to apply, please read the attached letter. To learn more about the Healthy School Meals for All program visit www.cde.state.co.us/nutrition/healthy-school-meals-for-all-program.

Applications for free and reduced-price school meals, instructions and an informational letter to households are available bigsandy100j.com. Only one application is required for all children in the household. The information provided on the application is confidential and will be used only for the purpose of determining eligibility and verifying data.

Applications from households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, Food Distribution Program on Indian Reservations (FDPIR) benefits or Temporary Assistance for Needy Family (TANF/Colorado Works, Basic Cash Assistance or State Diversion) benefits need to provide the respective case number and the signature of an adult household member. Eligibility for free school meals is extended to all children in the household when the application provides a case number for any household member.

Households that qualify based upon income must provide the names of all household members related or not (such as grandparents, other relatives or friends), the amount of gross income each household member receives, the frequency and source of pay, the signature of an adult household member and the last four digits of that adult household member's Social Security number—or check the box if the adult household member does not have a social security number. Big Sandy School District or program officials may verify the information on the application at any time during the school year

Households with children who are eligible under the Head Start, homeless, migrant, or runaway programs should contact Chad Thieman for assistance in receiving meal benefits. To complete an application, the household must mark the relevant box to indicate their appropriate eligibility and the signature of an adult household member is required.

Foster children who are under the legal responsibility of a foster care agency or court are eligible for free school meals. Any foster child in the household is eligible for free school meals regardless of income. If a household has only foster children in the home and wishes to apply for free school meals, the application should be completed using the instructions for *households with foster children only*. If a household has foster and non-foster children living with them and wishes to apply for free school meals, the application should be completed using the instructions for *households with foster and non-foster children residing in the home*. Including foster children as household members may help other children in the household qualify for meal benefits. If the foster family is not eligible to receive meal benefits, it does not prevent a foster child from receiving free school meals.

An application cannot be approved unless it contains complete eligibility information as indicated on the application and instructions.

When determined by Big Sandy School, that members of a household are receiving assistance from SNAP, TANF, Medicaid or FDPIR, households will be notified of their children's eligibility for free or reduced-price school meals. If the household receives such notice, no application is required for free or reduced-price school meal benefits. If any children in the household were not listed on the eligibility notice or not listed on the application, the household should contact Big Sandy School District to have benefits extended to all children in the household.

When determined by Big Sandy School District, that an individual child is categorized as homeless, migrant, or runaway or is enrolled in an eligible Head Start program, households will be notified of the child's eligibility for free school meals. For any children not listed on the eligibility notice, the household should contact Big Sandy School District about eligibility under one of these programs or should submit an application for other children.

Big Sandy School District will notify households of their children's eligibility for free or reduced-price school meals. The eligibility is valid for the current school year and a carryover period of up to 30 operating days into the next school year. When the carryover period ends, unless the household is notified that their children are directly certified or the household submits an application that is approved, Big Sandy School District will not send a reminder or a notice of expired eligibility and the children must pay full price for school meals. Households notified of their children's eligibility for free or reduced-price school meals must contact Big Sandy School District if they choose to decline meal benefits.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced-price meals. Please contact your school district.

Under the provision of the free and reduced-price school meal policy, Carman Johnson will review applications and determine eligibility. If a parent is dissatisfied with the decision, a request may be made to discuss it with the determining official. A formal appeal may be made either orally or in writing to Steve Wilson, Superintendent for a hearing to appeal the decision. Big Sandy School District has a copy of the complete free and reduced-price school meal policy, which may be reviewed by any interested party. The policy contains an outline of the hearing procedure.

Applications may be submitted at any time during the school year. The household may complete an application if any household member(s) have a decrease in income, become unemployed, have an increase in family size, become eligible for SNAP, TANF or FDPIR benefits or become categorically eligible.

If you are eligible for free or reduced-price school meals you may be eligible for SNAP, TANF, Medicaid or FDPIR.

For more information about the above assistance programs please visit: <https://coloradopeak.secure.force.com>.

Non-discrimination statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Complete one application per household. Sections required to be completed for students in CEP and/or non-CEP schools are outlined below. Please use a black or blue pen (no pencil).

Student's First Name	MI	Student's Last Name
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Foster Head
Child Start Runaway Homeless Migrant

STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDDPR list the case number below.

FDPIR Case Number

List all other 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 (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

How Often?			
Weekly	2x Month	Monthly	Annually

How Often?

How Often?

How Often?

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

Check if no SSN ☐

I, _____, (promise) that all information on this application is true and that all income is reported. I understand that the information provided may be used in connection with federal and state educational programs. Specifically, I understand the school district may get additional federal and/or state funding based on the information I have provided. By signing below I agree that my child(ren)'s eligibility status may be shared for these specific purposes and as allowed by law without specific notice and/or consent. I understand that if 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 I'll purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Mailing Address or PO Box		City		Zip Code		Email Address	
Apt. # or Lot #		CO					

Today's Date _____

DO NOT share

information with Medicaid/SCHIP

LIST SUBJECTS TO BE TAUGHT

See back of application

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner. If the applicant declines to self-identify, identification of his or her race and ethnicity will be made using district records or visual identification and recorded in the data system.

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

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for food stamps
- Referrals to food pantries and free meals
- Get information on child and senior nutrition programs

Food Resource Hotline
CALL US TODAY!
STATEWIDE TOLL-FREE
855-855-4626
HOURS: 7 2 0 - 3 8 2 - 2 9 2 0

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las estampillas de comida
- Derivaciones a bancos de comida y comidas gratis
- Obtenga información sobre programas de nutrición para niños y ancianos

Línea Directa de Recursos de Comidas
LLAMAMENOS HOY!
LINEA ESTADIAL
HORAS: 7 2 0 - 3 8 2 - 2 9 2 0
855-855-4626
HUNGER HungerFreeColorado.org

COLORADO PEAK
Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs.
Visit coloradoppeak.force.com to learn more.

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 primary wage earner or other 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 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.

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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.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

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

Application Type:

☐ Total Household Income: \$

Household Size:

Household Income Frequency: ☐ Weekly ☐ Bi-Weekly ☐ 2x/Month ☐ Monthly ☐ Annually

☐ Categorical Eligibility - ☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster

☐ Homeless/Migrant/Runaway/Head Start

Application Status:

Approved - ☐ Free ☐ Reduced

Denied - ☐ Over Income Guidelines ☐ Incomplete/Missing: _____

Notes: _____

Determining Official Signature: _____

Approval/Denial Date: _____

Notification Sent: _____