

School System Name: _____ **Date** _____

This checklist must be submitted **annually** to your school nutrition consultant. Please keep a copy for your system's files. It is the school system's responsibility to ensure that procedures comply with state and local regulations. An annual review will ensure that this level of compliance is obtained.

Application Requirements	Yes	No
Contains the information required of all complete applications as outlined in the <i>Eligibility Manual for School Meals</i> .		
Includes the Use of Information statement in exact words as found in the most current Eligibility Manual.		
Includes an attesting statement at the point of signature.		
Allows self-identification of ethnicity before race. The minimum designations for ethnicity are: 1. Hispanic or Latina 2. Not Hispanic or Latino		
Allows for self-identification of all racial categories that apply. The minimum designations for race are: 1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Island 5. White		
Notifies the household of the following: <ul style="list-style-type: none"> • collection of race and ethnicity data is voluntary • provides the reason for collecting this data • visual identification of race and ethnicity will be made if they decline to self-identify 		
Provides a space to identify the case number of any household member who receives benefits from Assistance Programs (SNAP and TANF).		
Includes a question or data field to indicate a child's migrant, runaway, foster, or homeless status.		
Includes the full USDA Nondiscrimination Statement.		
Available in English and Spanish.		
Incomplete responses to an income field or any other required field prevent the applicant from progressing or making a submission. <i>In these cases, it is also recommended to include error or warning messages that indicate what information is missing, and if possible, direct the applicant to fields where that information must be submitted.</i>		

Requires confirmation of a total number of household members or ensures a clear opportunity to report all household members is given.		
Only income applications require the last four digits of an adult household member's Social Security Number or lack thereof.		
Contains a notice informing individuals with LEP and individuals with disabilities how they may request free language assistance or auxiliary aids and services if they need assistance completing the application.		
Allows submission of the application when additional information fields are not completed. <i>The system may ask for additional information such birthdate, grade, school name or student id. The applicant must still be able to advance through and submit the application without completing those fields.</i>		
Meets all disclosure restrictions		
Allows for a legally binding electronic signature		
Households have the option to submit a paper application		

Submitted by: _____ School Nutrition Director

Received/reviewed by: _____ Title: _____

Date: _____