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| **GEORGIA DEPARTMENT OF EDUCATION****SCHOOL NUTRITION DIVISION****FREE AND REDUCED-PRICE MEALS POLICY WORKSHEET****FREE AND REDUCED-PRICE MEALS POLICY STATEMENT****SCHOOL YEAR 2023-2024** The governing body of this School Food Authority (SFA) accepts this Free and Reduced-Price Meals Policy Statement, including the Family Income Eligibility Criteria and all required attachments, as referred to or indicated below:**ITEM 1: GENERAL INFORMATION**A. NAME OF SCHOOL FOOD AUTHORITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­B. NAME OF SCHOOL NUTRITION DIRECTOR/MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C. Check all that apply: \_\_\_\_\_ 1. School Breakfast Program\* \_\_\_\_\_ 2. National School Lunch Program\*\*  \_\_\_\_\_ a. Meal Supplement for Afterschool Care Program \_\_\_\_\_ b. Seamless Summer Option \_\_\_\_\_ c. Fresh Fruit and Vegetable Program\*30 cents maximum reduced-price breakfast\*\*40 cents maximum reduced-price lunchD. Indicate Operation Methods of the School Nutrition Programs checked above: (Check all that apply)\_\_\_\_ Public \_\_\_\_ Charter \_\_\_\_ Private \_\_\_\_ State \_\_\_\_ RCCI \_\_\_ Regular \_\_\_\_ Pricing \_\_\_\_ Non-Pricing \_\_\_\_ Provision 2 \_\_\_\_ CEP |
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**ITEM 2: COLLECTION AND SERVICE PROCEDURES – LUNCH AND BREAKFAST MEALS**

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| List collection and service procedures used by your school(s). (See Attachment J). Use multiple lines for schools with more than one collection procedure; indicate grade levels for each procedure. |
| School Name | Collection and Service Procedures**S** - School Counting Procedure **C** - Coding Method**P** -Payment Method | Offer versus Serve |
| Breakfast | Lunch |
| Breakfast | Lunch |
| **S** | **C** | **P** | **S** | **C** | **P** | Yes/No | Yes/No |
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**ITEM 2: COLLECTION AND SERVICE PROCEDURES – AFTERSCHOOL SNACK PROGRAMS**

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| List collection and service procedure(s) used by your school(s). (See Attachment J). Use multiple lines for schools with more than one collection procedure; indicate grade levels for each procedure. |
| School Name | Meal Supplement for Afterschool Care Programs |
| School Counting Procedure | Code Procedure | Payment Method |
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**ITEM 3: TITLES OF DESIGNATED OFFICIALS**

 A. DETERMINING OFFICIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address and Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. HEARING OFFICIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address and Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 C. VERIFICATION OFFICIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address and Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 D. CONFIRMING OFFICIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address and Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E. FOLLOW-UP OFFICIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address and Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ITEM 4: MEAL ACCOUNTABILITY PROCEDURE (CHECK ONE)

 I certify that my system is using at a minimum the **STATE PROTOTYPE MEAL ACCOUNTABILITY PROCEDURE** (Attachment K).

 Enclosed is my system **MEAL ACCOUNTABILITY PROCEDURE** for approval by the Georgia Department of Education.

## ITEM 5: FREE AND REDUCED PARENT LETTER/APPLICATION

(Select the application/parent letter(s) you are using)

\_\_\_\_\_\_ State Prototype Family Instructions/Application (Attachment B)

\_\_\_\_\_\_ State Prototype Family Parent Letter (Attachment B)

\_\_\_\_\_\_ State Prototype Special Assistance Alternative Provision 2 Parent Letter (Attachment F)

\_\_\_\_\_\_ State Prototype Notification Letter (Attachments E and D)

 OR

\_\_\_\_\_\_ Alternate instructions/application

\_\_\_\_\_\_ Alternate parent letter

\_\_\_\_\_\_ Alternate notification letter

**ITEM 6: VERIFICATION (CHECK METHOD USED)**

\_\_\_\_\_\_ Standard Sample \_\_\_\_\_\_ Alternate-Random \_\_\_\_\_\_ No Verification Performed

 \_\_\_\_\_\_ Alternate-Focused

## ITEM 7: ATTACHMENTS

**The following attachments are adopted with and considered part of this policy statement:**

1. Income Eligibility Guidelines for Free and Reduced-Price Meals
2. Free and Reduced-Price School Meals Household Application (English and Spanish)
3. Sharing Information with Medicaid/PeachCare and Other Programs
4. Direct Certification Household Notification Letter of Eligibility
5. Parent Notification Letters of Approval or Denial of Benefits
6. Special Assistance Provision 2 Family Letter
7. Special Assistance Provision 2 and Community Eligibility Provision Assurances
8. Meal Supplement for Afterschool Care Program Assurances
9. N/A
10. Collection and Service Procedures
11. State Prototype Meal Accountability Procedures
12. Verification Letter Notice to Household of Selection

 Verification Letter Notice to Household of Results

1. Media Release
2. Civil Rights Compliance Requirements

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|  THIS AGREEMENT IS HEREBY EXECUTED ON BEHALF OF THE: |
|  SCHOOL FOOD AUTHORITY |  GEORGIA DEPARTMENT OF EDUCATION |
|  (Original Signature) BY: |  (Original Signature) BY: Dr. Linette Dodson |
|  Title:  |  Title: State Director of School Nutrition  |
|  Date: |  Date:  |