

## PARENT/GUARDIAN INFORMATION LETTER FOR WEB-BASED MEAL APPLICATIONS

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

Dear Parent/Guardian:

Children need healthy meals to learn. **The Newton Community School District** offers healthy meals every school day. Breakfast costs **\$2.50**; lunch costs **\$3.25 for grades K-4, \$3.50 for grades 5-8, & \$3.75 for grades 9-12**. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. Please visit our website to complete an application at: **[www.newtoncsd.org](http://www.newtoncsd.org)**.

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 the Supplemental Nutrition Assistance Program (SNAP), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price 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 and submit an application for free and reduced price meals/milk.

FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2024-2025

| Household Size                 | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
|--------------------------------|--------|---------|-----------------|-----------------|--------|
| 1                              | 27,861 | 2,322   | 1,161           | 1,072           | 536    |
| 2                              | 37,814 | 3,152   | 1,576           | 1,455           | 728    |
| 3                              | 47,767 | 3,981   | 1,991           | 1,838           | 919    |
| 4                              | 57,720 | 4,810   | 2,405           | 2,220           | 1,110  |
| 5                              | 67,673 | 5,640   | 2,820           | 2,603           | 1,302  |
| 6                              | 77,626 | 6,469   | 3,235           | 2,986           | 1,493  |
| 7                              | 87,579 | 7,299   | 3,650           | 3,369           | 1,685  |
| 8                              | 97,532 | 8,128   | 4,064           | 3,752           | 1,876  |
| Each additional family member: | 9,953  | 830     | 415             | 383             | 192    |

2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: **Julie Miller, 641-792-5797 Ext. 2001 or by email: [millerj@newton.k12.ia.us](mailto:millerj@newton.k12.ia.us)** immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from the Iowa Department of Health and Human Services (Iowa HHS), submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives SNAP or FIP benefits and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.
3. WHAT IF WE HAVE FOSTER CHILDREN? Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
4. 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 contact: **E.J.H. Beard Administration Center, 1302 1<sup>st</sup> Ave W, Newton, IA 50208, 641-792-5809.**

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes, your child's application is only good for that school year and for the first few days of this school year, through **October 4, 2024**. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please complete and send in an application.
8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes, you, your children or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to your school officials **Julie Miller, 641-792-5797 Ext. 2001**, [millerj@newton.k12.ia.us](mailto:millerj@newton.k12.ia.us). You also may ask for a hearing by calling or writing to: **Superintendent Tom Messinger, 1302 1<sup>st</sup> Ave W, Newton, IA 50208, 641-792-5809**, [messingert@newton.k12.ia.us](mailto:messingert@newton.k12.ia.us).
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive the types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet and attach it to your application. Contact **Julie Miller, Food Service Director** [millerj@newton.k12.ia.us](mailto:millerj@newton.k12.ia.us), or **641.792.5797 x2001** to receive a Supplemental Worksheet.
17. 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, are not eligible to receive free milk.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children

may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.

19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application, however, if you do not select race or ethnicity, one will be selected for you based on visual observation.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, contact Julie Miller, Food Service Director ([millerj@newton.k12.ia.us](mailto:millerj@newton.k12.ia.us)), or 641.792.5797 x2001.

*Sincerely,*  
**Julie Miller**

### **USDA Nondiscrimination 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, audiotape, 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](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/>."

### **Information Statement**

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 Supplemental Nutrition Assistance Program (SNAP), 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 programs rules.

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in the **Newton Community School District**. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be mailed or returned to Julie Miller, Food Service Director, Newton High School, 800 E. 4<sup>th</sup> St. S, Newton, IA 50208.** If at any time you are not sure what to do next, please contact **Julie Miller, Food Service Director**, [millerj@newton.k12.ia.us](mailto:millerj@newton.k12.ia.us) or **641.792.5797 x2001**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

### STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include all members in your household who are:  
 Children age 18 or under **and** are supported with the household's income;  
 In your care under a foster arrangement or qualify as homeless, migrant or runaway youth;  
 Students attending **Newton Community Schools**, *regardless of age*.

- A) List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend **Newton Community Schools**. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are *ONLY* applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- D) Are any children homeless, migrant or runaway?** If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application**.
- E) Share children's racial and ethnic identities (optional).** Next to each child's name, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

The Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa)  
 The Family Investment Program (FIP)  
 The Food Distribution Program on Indian Reservations (FDPIR)

- If 'NO', go to **STEP 3. (Leave the rest of STEP 2 blank)**
- If 'YES,' provide a case number for **SNAP, FIP, or FDPIR**. You only need to write **one** case number. Case numbers are located on your Notice of Decision. **Go to STEP 4.**

Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes.

Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums or any other amounts taken from your pay.

Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be investigated.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- B) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided.
- C) You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

#### FOR EACH ADULT HOUSEHOLD MEMBER:

- D) List all adult household member’s name.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.**

#### Who should I list here?

When filling out this section, please include **all** adult members in your household who are:

Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

**Do not include:**

People who live with you but are not supported by your household’s income AND do not contribute income to your household.

Children and students already listed in Step 1.

**Report earnings from work.** Refer to the chart below titled “Sources of Income for Adults” and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are self-employed or farm owner, you will report your net income. If you need assistance with this, ask your children’s school for the Supplemental Worksheet which has self-employment calculations.

#### What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

**Report income from public assistance/child support/alimony.** Refer to the chart below titled “Sources of Income for Adults” and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**Report income from pensions/retirement/all other income.** Refer to Table 2 below titled “Sources of Income for Adults” and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

**Table 1. Sources of Income for Adults**

| Earnings from Work   | Public Assistance/<br>Alimony/Child Support   | Pensions/Retirement/All Other<br>Income   |
|--|---|---|
| <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li><b>Net</b> income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> </ul> <p><b>Allowances for off-base housing, food and clothing</b></p> | <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker’s compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran’s benefits</li> <li>Strike benefits</li> </ul> | <ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Regular Income from trusts or estates</li> <li>Annuities</li> <li>Investment Income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul> |

- E) Report all income earned or received by children.** Refer to the table below titled “Sources of Income for Children” and report the combined gross income for ALL children listed in Step 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child’s personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

**What is Child Income?**

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

**Table 2. Sources of Income for Children**

| Sources of Child Income   | Example(s)  |
|---|---|
| <ul style="list-style-type: none"> <li>Earnings from work</li> </ul>  | <ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)</li> </ul> |
| <ul style="list-style-type: none"> <li>Social Security <ul style="list-style-type: none"> <li>Disability Payments</li> <li>Survivor’s Benefits</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits.</li> <li>A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>                 |
| <ul style="list-style-type: none"> <li>Income from person <i>outside</i> the household</li> </ul>   | <ul style="list-style-type: none"> <li>A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Income from any other source</li> </ul>  | <ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>   |

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**



**All applications must be signed by an adult member of the household.** By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today's date.** Print the name of the adult signing the application and sign in the box labeled "Signature of adult completing the form."
- C) Mail or return completed form to: Julie Miller, Food Service Director, Newton High School, 800 E. 4<sup>th</sup> St. S, Newton, IA 50208.** Please do not mail completed form to the Department of Agriculture as this will delay processing.
- D) Decline having your information released to Hawki.** If you do not want your household information shared with Hawki, **print, sign and date in the box provided.**
- E) Obtaining translated applications.** If you need a translated application with instructions, they can be found in 49 languages at: <https://www.fns.usda.gov/school-meals/translated-applications>.

#### **USDA Nondiscrimination Statement:**

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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](mailto:program.intake@usda.gov)

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**Policy 710.04: Meal Charges****Status:** ADOPTED**Original Adopted Date:** 07/24/2017 | **Last Revised Date:** 04/08/2024 | **Last Reviewed Date:** 04/08/2024

In accordance with state and federal law, the Newton Community School District adopts the following policy to ensure school district employees, families, and students have a shared understanding of expectations regarding meal charges. The policy seeks to allow students to receive the nutrition they need to stay focused during the school day, prevent the overt identification of students with insufficient funds to pay for school meals, and maintain the financial integrity of the nonprofit school nutrition program.

**Payment of Meals****Families**

Students have use of a meal account. When the family account balance reaches a negative \$100.00, a Food Service representative will contact the family and discuss options available for their student. A student will not be allowed to charge a la carte items until the negative account balance is positive. Families may add money to student accounts in the following ways: online payment via district website using a credit card, pay at the school office, or pay the Food Service cashier.

Students who qualify for free meals shall never be denied a reimbursable meal, even if they have accrued a negative balance from previous purchases.

**Employees**

Employees may use a charge account for meals and may charge as long as there is a positive balance. Negative balances will not be allowed. In the event the employee has a family account with students becomes negative, the employee will be removed and will not receive a lunch until their account has been made positive.

**Negative Account Balances**

The school district will make reasonable efforts to notify families when meal account balances are low. Additionally, the school district will make reasonable efforts to collect unpaid meal charges classified as delinquent debt. The school district will coordinate communications with families to resolve the matter of unpaid charges.

Negative balances of more than \$100.00 will be turned over to the Food Service Supervisor and secretaries for personal phone calls.

Families will be notified of an outstanding negative balance through the following methods: automated email system, personal phone calls, letters sent home.

Options after this may include: collection agencies, small claims court, or any other legal method permitted by law.

Negative balances not paid prior to the end of the school year will be turned over to the superintendent or superintendent's designee for collections or small claims court filings.

Under no circumstances will a student be denied a meal.

**Communication of the Policy**

The policy and supporting information regarding meal charges shall be provided in writing to:

- All households at or before the start of each school year;
- Students and families who transfer into the district, at time of transfer; and
- All staff responsible for enforcing any aspect of the policy.

Records of how and when the policy and supporting information was communicated to households and staff will be retained.

The superintendent may develop an administrative process to implement this policy.

**Legal References:**

U.S. Dep't of Agric., Sp 46-2016, Unpaid Meal Charges: Local Meal Charge Policies (2016).

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#### **Description**

[Congressional declaration of policy](#)

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#### **State References**

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#### **Description**

[SCHOOL BREAKFAST AND LUNCH PROGRAM; NUTRITIONAL CONTENT STANDARDS FOR OTHER FOODS AND BEVERAGES](#)

[School Meal Program](#)

#### **Cross References**

710.01

710.02

710.03

#### **Description**

[School Nutrition Program](#)

[Free or Reduced Price Meals Eligibility](#)

[Vending Machines](#)