

NEW MEXICO DEPARTMENT OF EDUCATION
STUDENT NUTRITION BUREAU (SNB)
PERMANENT POLICY STATEMENT
FOR FREE AND REDUCED-PRICE MEALS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST
PROGRAM/AFTER-SCHOOL SNACK PROGRAM
SY 2010-2011

(Cross out references to the School Breakfast Program [SBP] and/or After-School Snack Program [ASSP] if you do not participate.)

The GADSDEN INDEPENDENT SCHOOL DISTRICT has agreed to participate in
(School Food Authority)

The National School Lunch Program (NSLP), SBP, and/or ASSP, receive commodities donated by the United States Department of Agriculture (USDA), and accept responsibility for providing free and reduced-price meals to eligible children in the schools under its jurisdiction.

The School Food Authority (SFA) assures the State Department of Education, hereinafter referred to as the *State Agency*, that the school system will uniformly implement the following policies to determine children's eligibility for free and reduced-price meals in the NSLP, SBP, and ASSP schools under its jurisdiction. In fulfilling these responsibilities, the SFA:

- A. Agrees to serve meals free to children from households whose income is at or below 130 percent of the Secretary of Agriculture's income poverty guidelines listed in **(Attachment A)** and/or to children from "Supplemental Nutrition Assistance Program" (SNAP) households, "Temporary Assistance for Needy Families" (TANF) assistance units, or "Food Distribution Program on Indian Reservations" (FDPIR) assistance units that provide a case number.
- B. Agrees to serve meals at a reduced price to children from households whose income falls between the free meal scale and 185 percent of the Secretary of Agriculture's income poverty guidelines, listed in **(Attachment A)**.
 1. Agrees to set reduced-price charges at **40** cents or less for reduced-price lunches.
 2. Agrees to set reduced-price charges at **30** cents or less for reduced-price breakfasts.
 3. Agrees to set reduced-price charges at **15** cents or less for reduced-price snacks.
- C. Agrees there will be no physical segregation of, or any other discrimination against, any child because of the inability to pay the full price of the meal. The names of the children eligible to receive free or reduced-price meals shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens, tickets, or any other means. Further assurance is given that children eligible for free or reduced-price meals shall not be required to:
 1. Work for their meals.
 2. Use a separate lunchroom.
 3. Go through a separate serving line.
 4. Enter the lunchroom through a separate entrance.
 5. Eat meals at a different time.
 6. Eat a meal different from the one sold to children paying the full price.
- D. Agrees that, in the operation of Child Nutrition Programs (CNP), no child shall be discriminated against of race, sex, color, national origin, age, or disability.

PROVISION II

E. Agrees to verify eligibility of applicant households in accordance with program regulations, to complete the verification process by November 15 of the current year, and to maintain records as follows:

- (1) a summary of the verification efforts,
- (2) the total number of applications on file by October 1, and
- (3) the percentage of applicants verified.

Compliance with these requirements will be monitored by the State Agency as part of its supervisory assistance monitoring and verification efforts.

F. Agrees to establish a procedure to notify households selected for verification (Attachment J) and provide adverse action notices to households with a change in eligibility status (Attachment K).

G. Agrees to designate N/A PROVISION II

(Name and Title of Determining Official)

To review applications and make determination of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free or reduced-price meals.

Prior to initiation of the hearing procedure, the parents or guardians or the local school officials may request a conference to provide an opportunity for the parents or guardians and the local school officials to discuss the situation, present information, obtain an explanation of data submitted in the application, and discuss decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

H. Agrees to establish and use a fair hearing procedure for households to appeal the school's decisions and for school officials to challenge the correctness of information in an application or the continued eligibility of any child for free or reduced-price meals. If the household appeals a termination decision during the ten-day advance notice period, the child will continue to receive free or reduced-price meals during the appeal and hearing.

Prior to initiation of the hearing procedure, the parents or guardians or the local school officials may request a conference to provide an opportunity for the parents or guardians and the local school officials to discuss the situation, present information, obtain an explanation of data submitted in the application, and discuss decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The designated hearing official is:

N/A PROVISION II

(Name and Title of Hearing Official)

(Address)

NOTE: THIS PERSON MUST BE SOMEONE NOT INVOLVED IN THE ORIGINAL ELIGIBILITY DETERMINATION. IT IS SUGGESTED THAT THIS PERSON HOLD A POSITION SUPERIOR TO THAT OF THE DETERMINING OFFICIAL.

PROVISION II

This official shall ensure that the hearing procedure provides the following for both the household and the SFA:

1. A publicly announced, simple method for making an oral or written request for a hearing.
 2. An opportunity to be assisted or represented by an attorney or other person.
 3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
 4. Reasonable promptness and convenience in scheduling and holding a hearing and adequate notice as to its time and place.
 5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
 6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witness (es).
 7. That the hearing is conducted and the decision be made by a hearing official who did not participate in the decision under appeal or in any previous conference.
 8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and entered into the hearing record.
 9. That the parties concerned and any designated representatives thereof be notified in writing of the decision of the hearing official.
 10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
 11. That such written record is retained for a period of five years after the close of the school year to which they pertain and shall be made available for examination by the parties concerned or their representatives at any reasonable time and place during such period.
- I. Agrees to develop and distribute to each child's parents or guardians a letter as outlined in **(Attachment B)** and an application form for free and reduced-price school meals **(Attachment C)**. These forms shall be distributed at or about the beginning of each school year or whenever there is a change in eligibility criteria. The letter to parents with the meal application attachment shall have only the income-eligibility guidelines for reduced-price meals **(Attachment A)**, with an explanation that households with incomes at or below the reduced-price guidelines may be eligible for either free or reduced-price meals.

Interested parents or guardians are responsible for filling out the application and returning it to the school for review. Such applications and documentation of eligibility determinations made will be maintained for a period of five years following the end of the school year to which they pertain.

Applications may be filed at any time during the year. Parents or guardians enrolling a child in a school for the first time shall be supplied with appropriate meal application materials regardless of the time of year

the child is registered. If a child transfers from one school to another, the child's eligibility application will be maintained at the originating school with a copy provided to the receiving school.

It is recognized that in certain cases foster children are also eligible for benefits. If a household has a foster child living with them and wishes to apply for such meals for this child, the household should complete Parts 1, 2, and 4 of the Application for Free and Reduced-Price Meals (Attachment C).

All children from an eligible household will receive the same benefits. Parents or guardians will be promptly notified of the approval or denial of their application(s) as outlined in (Attachment H). Children will be served meals immediately upon the establishment of their eligibility.

When an application is denied, parents or guardians will be provided written notification which shall include: (1) the reason for the denial of benefits (e.g., income in excess of allowable limits or incomplete application), (2) notification of the right to appeal, (3) instructions on how to appeal, and (4) a statement reminding parents that they may reapply for free and reduced-price benefits at any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the SFA level.

- J. Agrees to submit a public release (Attachment J) containing the same information as in the parent letter (Attachment B) as well as the eligibility scale for free and/or reduced-price meals (Attachment A) to the news media, local unemployment offices, and major employers contemplating or experiencing large layoffs in the area from which the school draws its attendance. Copies of the public release shall be made available upon request to any interested persons. Any subsequent change in a school's eligibility criteria during the school year shall be publicly announced in the same manner as the original criteria was announced.
- K. Agrees to establish a procedure to collect money from children who pay for their meals and to account for the number of free, reduced-price, and full-price meals served to eligible children on a daily basis. The procedure described in (Attachment K) will be used so that no other child in the school will consciously be made aware by such procedure of the identity of the children receiving free or reduced-price meals.
- L. Agrees to submit to the State Agency any alterations or revisions to the administrative procedures outlined in this policy prior to implementation. Such changes will be effective only upon approval. All changes in eligibility criteria must be publicly announced in the same manner used at the beginning of the school year.

M. Is the SFA implementing Direct Certification? (PROVISION II)
Yes No

N. Is the SFA contracting with a food service management company (FSMC)?
Yes No

If yes, the current contract, with any amendments, must be attached.

O. Is SFA contracting meals with any other entity (child care facility, elderly feeding program, etc.)?
Yes No

P. Name of Food Service Director (FSD) or Food Service Manager:

DEMETRIUS P. GIOVAS

Mailing address: P. O. DRAWER 70, ANTHONY, NEW MEXICO
88021

E-mail address: DGIOVAS@GISD.K12.NM.US

Telephone number: (575) 882-6771

PROVISION II

Q. Name of nutrition education contact person: DEMETRIOUS P. GIOVAS & AIDA SALCEDO & LARRY BAKER
Mailing address: P. O. DRAWER 70 ANTHONY, N. M. 88021
E-mail address: DGIOVAS@GISDK12NMIIS
Telephone number: (575) 882-6771

R. Program Information - Check all menu-planning options used by the school district:

- Nutrient Standard
- Assisted Nutrient Standard
- Nutrient Standard
- Traditional
- Enhanced

Please put an "X" in front of the programs that the SFA will be participating in the 2010 -2011 school year.

- X School Breakfast Program
- X National School Lunch Program
- X After School Snack Program

S. Number of food service personnel employed by the SFA: 185

T. The following attachments are adopted with and considered part of this policy:

- Attachment A Income-Eligibility Guidelines for Free and Reduced-Price Meals
- Attachment B Letter to Household—2 pages
- Attachment C Application for Free and Reduced-Price Meals—2 pages
- Attachment D Sharing Information with Medicaid/SCHIP
- Attachment E Sharing Information with Other Programs
- Attachment F We Must Check Your Application - 2 pages
- Attachment G We Have Checked Your Application - 2 pages
- Attachment H Notice to Households of Approval/Denial of Benefits
- Attachment I Notice of Direct Certification
- Attachment J Public Release
- Attachment K Collection Procedures and Meal Accountability System
- Attachment L Offer Versus Serve Notification Form for Lunch

Attachment M Offer versus Serve Notification Form for Breakfast
Attachment N Certification Regarding Lobbying
Attachment O Schedule A Form
Attachment P Schedule B Form
Attachment Q Schedule C Form
Attachment R Schedule D Form

Approved by:

Signature for School Food Authority

Supertinentend

Title

Date

Student Nutrition Bureau -PED

Title

Date

ATTACHMENT "A"
INCOME-ELIGIBILITY GUIDELINES

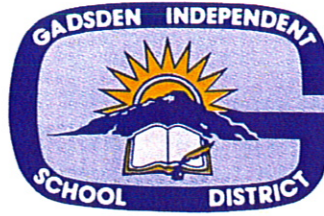
FOR FREE AND REDUCED-PRICE MEALS
2010-2011 SCHOOL YEAR

*This is the income scale used by Gadsden Independent School District to determine eligibility for free meals.
School Food Authority*

ELIGIBILITY SCALE FOR FREE MEALS					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 14,079	\$ 1,174	\$ 587	\$ 542	\$ 271
2	18,941	1,579	790	729	365
3	23,803	1,984	992	916	458
4	28,665	2,389	1,195	1,103	552
5	33,527	2,794	1,397	1,290	645
6	38,389	3,200	1,600	1,477	739
7	43,251	3,605	1,803	1,664	832
8	48,113	4,010	2,005	1,851	926
For each additional family	\$ 4,862	\$ 406	\$ 203	\$ 187	\$ 94

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS					
185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member, add:	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134

SUPERINTENDENT
CYNTHIA NAVA



Physical Address
4950 McNutt Road/100 Laura Court
Sunland Park, New Mexico

Mailing Address
P.O. Drawer 70
Anthony, N.M. 88021
Phone: (505) 882-6200

**2010 – 2011
YEARS 2 – 4 AND BEYOND
PROVISION 2 LETTER TO HOUSEHOLDS**

NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

We are pleased to inform you that children in Gadsden Independent School District Schools will be offered meals free of charge, regardless of income, through the 2010-2011 School Year unless otherwise notified.

All meals served must meet regulations established by the United States Department of Agriculture (USDA). However, if a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please call us for further information.

CONFIDENTIALITY: School officials will use the information on your application only to decide if your child should get free or reduced price meals. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced price school meals. They will use this information for funding and/or evaluation purposes.

Sincerely,

A handwritten signature in black ink that reads "Demetrious P. Giovas".

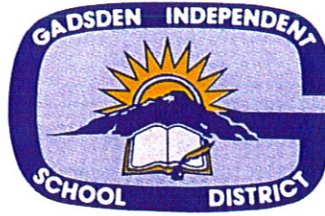
Demetrious P. Giovas, SNS-CFE-CFBE-CHA
Student Nutrition Program Director
Gadsden Independent School District

July 12, 2010
Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W., Whitten Building, 1400 Independence Ave. SW, Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

SUPERINTENDENT
CYNTHIA NAVA



Physical Address
4950 McNutt Road/100 Laura Court
Sunland Park, New Mexico

Mailing Address
P.O. Drawer 70
Anthony, N.M. 88021
Phone: (505) 882-6200

2010 – 2011
PERIODO: DEL SEGUNDO AL CUARTO AÑO
ESTIPULACION NACIONAL DE ALMUERZOS Y DESAYUNOS ESCOLARES

Estimados padres o guardianes de familia:

Tenemos mucho gusto en informarle que sus niños/a, alumnos del *Distrito Escolar Independiente de Gadsden* podrán participar en el plan de alimentación escolar gratuito, sin tomar en cuenta el nivel de ingresos económicos de la familia, durante el año escolar 2010 – 2011, a menos de que se le avise lo contrario.

Todos los alimentos que se ofrecen deben cumplir con las reglas establecidas por el Departamento de Agricultura de los Estados Unidos (USDA). Sin embargo, si un médico ha diagnosticado a su niño/a con una discapacidad, y esta discapacidad no permite que el niño/a pueda comer los alimentos que se planean regularmente en la escuela, la escuela deberá substituir estos alimentos con los que recete el doctor. Si usted cree que su niño/a necesita substituir los alimentos planeados por la escuela por motivo de una discapacidad, por favor llamemos para obtener mayor información.

CONFIDENCIALIDAD: Los oficiales de la escuela usaran la información declarada por usted en su solicitud únicamente para decidir si su niño/a es elegible para recibir alimentos escolares gratuitos o a precio reducido. Es posible que nosotros informemos a los oficiales conectados con el Título I o con el Asesoramiento del Progreso Educativo Nacional que su niño/a es elegible para recibir alimentos escolares gratuitos o a precio reducido. Estos oficiales usaran esta información con el propósito de obtener fondos para el programa o para evaluar el programa mencionado.

Atentamente,

Demetrius P. Giovas, SNS-CFE-CFBE-CHA
Director, Programa de Alimentación
Distrito Independiente de Gadsden

July 12, 2010
Fecha

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, o impedimentos de las personas.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W., Whitten Building, 1400 Independence Ave. SW, Washington, D.C. 20250-9410 o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

FREE AND REDUCED PRICE SCHOOL MEALS

N/A PROVISION II

Application and Verification Forms

SCHOOL YEAR 2010 - 2011

GADSDEN INDEPENDENT SCHOOL DISTRICT

This packet contains:

Required information that *must* be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application

Required information for households selected for verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results

Optional application-related materials that *may* be provided to households:

- Sharing Information with Medicaid/SCHIP
- Sharing Information with Other Programs
- Notice to Households of Approval/Denial of Benefits
- Notice of Direct Certification

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. **[Bold bracketed fields]** indicate where you need to insert school district specific information. For example, you must include your district's no-charge telephone number for verification assistance on the verification materials. If these materials have not been modified to include your State's name for the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, Temporary Assistance to Needy Families (TANF), State Children's Health Insurance Program (SCHIP), or, if applicable, to add Food Distribution Program on Indian Reservations (FDPIR), you should insert this information as appropriate. This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school district, please modify as appropriate.

If you make additional changes, you must submit your application package to your State agency for approval. If you have questions, contact:

[State agency address]

 ATTACHMENT "B" - LETTER TO HOUSEHOLD

 SCHOOL YEAR: 2010 - 2011

 [INSERT SCHOOL DISTRICT LETTERHEAD]

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. Your children may qualify for free meals or for reduced price meals. Reduced price is **[\$]** for breakfast and **[\$]** for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations]** or **[State TANF]**, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? If you haven't been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator information]** to see if they qualify.
4. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at **[phone number]** if you have questions.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
13. 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.
14. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office or call **[State hotline number]**.

If you have other questions or need help, call **[phone number]**.

Si necesita ayuda, por favor llame al teléfono: [phone number].

Si vous voudriez d'aide, contactez nous au numero: [phone number].

Sincerely,

[signature]

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM [State SNAP], OR [State TANF] [OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members, the school name for each child, and the case number for any household member (including adults) hose receiving [State SNAP] or [State TANF] or [FDPIR] benefits or.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS [State SNAP] OR [State TANF] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child.

Part 2: Check the appropriate box.

Part 3: Skip this part.

Part 4: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 5: Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: Use a separate application for each foster child. List the child's name, school, and, if the child has no income, check the box "no income."

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer if you choose.

ATTACHMENT "C"
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)				
Names of household members (First, Middle Initial, Last)	School Name for Each Child	[State SNAP], [FDPIR] or [State TANF] case number for any member of the household. If you list a case number, skip to Part 5	CHECK IF NO INCOME	
			<input type="checkbox"/>	
	N/A PROVISION II		<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #] HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>				
PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$_____. <input type="checkbox"/> Check if no income. Skip to Part 5.				
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often				
	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
1. NAME (List all household members with income)	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)				

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

<i>Choose one ethnicity:</i>	<i>Choose one or more (regardless of ethnicity):</i>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Reason: _____

Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	Yearly	Monthly	Weekly
1			
2			
3			
4			
5			
6			
7			
8			
Each additional person:			

Privacy Act Statement: This explains how we will use the information you give us.

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, we cannot approve your child for free or reduced price meals. You must include 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), 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

N/A - PROVISION II
ATTACHMENT "D"
SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and SCHIP only use 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 Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

N/A - PROVISION II
ATTACHMENT "E"
SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

N/A PROVISION II
ATTACHMENT "F"
WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your children will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)] [is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM **[State SNAP]**, **[State TANF]** OR **[FDPIR]** WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- **[State SNAP]** or **[State TANF]** or **[FDPIR]** Certification Notice that shows dates of certification.
- Letter from **[State SNAP]** or **[State TANF]** or **[FDPIR]** office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT [SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR] FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD: Send us official documentation from the agency sponsoring the child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **[State SNAP]** or **[State TANF]** or **[FDPIR]** benefits:

A. Write name and Social Security Number of each adult household member below.

Name	Social Security Number (See Privacy Act Statement, page 2)	No Social Security Number
_____	- - - - - - - - - -	<input type="checkbox"/>
_____	- - - - - - - - - -	<input type="checkbox"/>
_____	- - - - - - - - - -	<input type="checkbox"/>
_____	- - - - - - - - - -	<input type="checkbox"/>
_____	- - - - - - - - - -	<input type="checkbox"/>
_____	- - - - - - - - - -	<input type="checkbox"/>
_____	- - - - - - - - - -	<input type="checkbox"/>

B. Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address]**

ACCEPTABLE PAPERS INCLUDE:

JOB: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the **[State TANF]** office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at **[e-mail address]**.

Sincerely,

[signature]

Privacy Act 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, we cannot approve your child for free or reduced price meals. You must include the social security number of all adult household members. 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

N/A - PROVISION II
ATTACHMENT "G"
WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household received **[State SNAP]** or **[State TANF]** benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**, or **[e-mail]**.

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

N/A – PROVISION II
ATTACHMENT “H”
NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

Your application was:

- Approved for free meals
- Approved for reduced price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with **[school official’s name]** at **[phone number]** or at **[e-mail address]**.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

Sincerely,

[signature]

Name	Title	Date

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

N/A - PROVISION II
ATTACHMENT "I"
NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive **[State TANF]** or **[State TANF]**.

Name of Child	Name of School

If there are other children in your household who aren't listed above, and you would like them to receive free meals, or you don't want your children to have free meals or for any questions, contact:

[name]

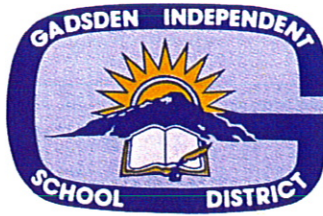
[phone number]

[e-mail address]

Sincerely,

[signature]

SUPERINTENDENT
CYNTHIA NAVA



Physical Address
4950 McNutt Road/100 Laura Court
Sunland Park, New Mexico

Mailing Address
P.O. Drawer 70
Anthony, N.M. 88021
Phone: (505) 882-6200

**GADSDEN INDEPENDENT SCHOOL DISTRICT
2010 – 2011 SCHOOL YEAR**

PUBLIC RELEASE ANNOUNCING PROVISION II

We are pleased to inform you that children attending Gadsden Independent School District Schools will be offered meals free of charge, regardless of income, through the 2010-2011 School Year unless otherwise notified.

All meals served must meet regulations established by the United States Department of Agriculture (USDA). However, if a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please call us for further information.

Each school and the Office of the Superintendent/Administrator have a copy of the policy, which may be reviewed by any interested party.

Free and reduced eligibility may be subject to release to other federal, state, and local education, health or other means-tested program.

CONFIDENTIALITY: School officials will use the information on your application only to decide if your child should get free or reduced price meals. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced price school meals. They will use this information for funding and/or evaluation purposes.

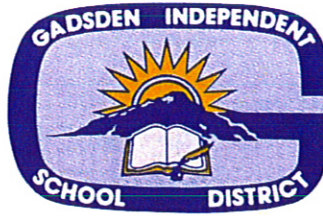
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W., Whitten Building, 1400 Independence Ave. SW, Washington, D.C, 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

A handwritten signature in black ink that reads "Demetrious P. Giovas".

**Demetrious P. Giovas, SNS-CFE-CFBE-CHA
Student Nutrition Program Director**

SUPERINTENDENT
CYNTHIA NAVA



Physical Address
4950 McNutt Road/100 Laura Court
Sunland Park, New Mexico

Mailing Address
P.O. Drawer 70
Anthony, N.M. 88021
Phone: (505) 882-6200

**DISTRITO ESCOLAR INDEPENDIENTE DE GADSDEN
2010 – 2011 AÑO ESCOLAR**

ANUNCIO AL PUBLICO SOBRE LAS ESTIPULACION NUMERO 2

Tenemos mucho gusto en informarle que sus niños/a, alumnos del *Distrito Escolar Independiente de Gadsden* podrán participar en el plan de alimentación escolar gratuito, sin tomar en cuenta el nivel de ingresos económicos de la familia, durante el año escolar 2010 – 2011, a menos de que se le avise lo contrario.

Todos los alimentos que se ofrecen deben cumplir con las reglas establecidas por el Departamento de Agricultura de los Estados Unidos (USDA). Sin embargo, si un médico ha diagnosticado a su niño/a con una discapacidad, y esta discapacidad no permite que el niño/a pueda comer los alimentos que se planean regularmente en la escuela, la escuela deberá sustituir estos alimentos con los que recete el doctor. Si usted cree que su niño/a necesita sustituir los alimentos planeados por la escuela por motivo de una discapacidad, por favor llamemos para obtener mayor información.

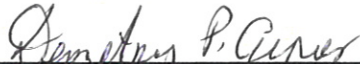
Cada escuela y la Oficina del Superintendente/Administrador tiene una copia de esta poliza, las cual puede ser revisada por cualquier interesado

El hecho de que una familia se considere elegible para participar en el programa de alimentación escolar gratuita o de precios reducidos puede ser compartido con otros programas educativos o de salubridad federales, estatales y locales, o a otros programas que se han considerado lícitos.

CONFIDENCIALIDAD: Los oficiales de la escuela usaran la información declarada por usted en su solicitud únicamente para decidir si su niño/a es elegible para recibir alimentos escolares gratuitos o a precio reducido. Es posible que nosotros informemos a los oficiales conectados con el Título I o con el Asesoramiento del Progreso Educativo Nacional que su niño/a es elegible para recibir alimentos escolares gratuitos o a precio reducido. Estos oficiales usaran esta información con el propósito de obtener fondos para el programa o para evaluar el programa mencionado.

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, o impedimentos de las personas.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W., Whitten Building, 1400 Independence Ave. SW, Washington, D.C. 20250-9410 o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.



Demetrius P. Giovias, SNS-CFE-CFBE-CHA
Director, Programa de Alimentación

ATTACHMENT "J"
NEW MEXICO PUBLIC EDUCATION DEPARTMENT
STUDENT NUTRITION BUREAU
PUBLIC RELEASE

This is the public release that will be sent to LAS CRUCES SUN NEWS
Names of News Media Outlets
 and N/A PROVISION II
Major Employers Contemplating Layoffs

On _____ these groups must be advised of program availability, new programs, or changes date in existing programs.

GADSDEN I.S.D. today announced its policy for free and reduced price meals served **Local School Food Authority** under the National School Lunch and/or School Breakfast Program(s). All schools and the central office have a copy of the policy, which may be reviewed by any interested party.

The following family size and annual income criteria will be used for determining eligibility:

ELIGIBILITY CRITERIA		
FAMILY SIZE	FREE MEALS	REDUCED-PRICE MEALS
1	\$ 14,079	\$ 20,036
2	\$ 18,941	\$ 26,955
3	\$ 23,803	\$ 33,874
4	\$ 28,665	\$ 40,793
5	\$ 33,527	\$ 47,712
6	\$ 38,389	\$ 54,631
7	\$ 43,251	\$ 61,550
8	\$ 48,113	\$ 68,469
For each additional family Member add:	+ 4,862	+ 6,919

Children from families whose income level is at or below the levels shown are eligible for free or reduced price meals. Application forms are being sent to all homes, along with a letter to households. To apply for free or reduced price meals, households should fill out one application for the household and return it to the school. Additional copies are available at the principal's office in each school. Applications may be submitted at any time during the year. The information provided by the household is confidential; it will be used for the purpose of determining eligibility. Information may be verified at any time during the school year by school or other program officials.

For the school officials to determine eligibility, each household that is now receiving SNAP benefits (Supplemental Nutrition Assistance Program, formerly the Food Stamp program) or that is on the Family Independence Temporary Assistance Program (FITAP) must provide its SNAP case number or FITAP number as well as the signature of an adult household member. All other households must provide the following information on the application: names of all household members; the social security number of either the parent/guardian who is the primary wage earner, or the adult household member who signs the application, or a statement that the household member does not possess one; the amount of income (before deductions for taxes, Social Security, etc.) each household member receives; how often the person receives the income; where it is from, such as wages, retirement, or welfare; and the signature of an adult household member certifying that the information provided is correct. If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for meal benefits.

Foster children who are the legal responsibility of a welfare agency or court may be eligible for benefits. If a household has foster children and wishes to apply for such meals for them, the household should contact the school for more information.

Directly Certified Households

Households that receive SNAP (Supplemental Nutrition Assistance Program, formerly the Food Stamp program) or FITAP benefits may be directly certified to receive free meals. These households are not required to complete an application, and will be notified by school officials of their eligibility. SNAP and FITAP households **should complete an application if they are not notified of their eligibility** by _____(DATE)_____.

School officials determine whether households are directly certified to receive free meals based on documentation obtained directly from the SNAP/FITAP office, which will certify that a child is a member of a household currently receiving SNAP benefits or an assistance unit receiving FITAP benefits. Households who are notified of their eligibility but do not want their children to receive free meals must contact the school.

Under the provisions of the free and reduced price policy, _____
(Determining Official)

will review applications and determine eligibility. If a parent or guardian is dissatisfied with the ruling of the official, he may wish to discuss the decision with the determining official on an informal basis. If the parent wishes to make a formal appeal, he may make either an oral or written response to the following:

NAME: N/A PROVISION II

ADDRESS: _____

PHONE NUMBER: _____

THE POLICY CONTAINS AN OUTLINE OF THE HEARING PROCEDURES.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."
Revised 4/09

N/A - PROVISION II
ATTACHMENT "K"
COLLECTION PROCEDURES AND MEAL ACCOUNTABILITY SYSTEM

AccuClaim regulations state that claims for reimbursement must be based on daily counts at the **POINT OF SERVICE** which identify the number of free, reduced-price, and full-price reimbursable meals served.

Point of service is defined as that point in the food service operation where a determination can accurately be made that a reimbursable free, reduced-price, or full-price meal has been served to an eligible child.

The collection procedure used must reflect an accurate categorical count at the point of service of reimbursable meals served to students. Any collection procedure must have a built-in accounting system to record the number of free, reduced-price, and full-price meals served daily.

In addition, SFA officials must ensure that there is no overt identification of recipients of free and reduced-price meals when collecting payments, distributing tickets, as well as in the serving line.

NOTE: IF DIFFERENT COLLECTION PROCEDURES ARE USED AT DIFFERENT SCHOOL BUILDINGS OR IF ANOTHER COLLECTION PROCEDURE IS USED FOR BREAKFAST OR SNACKS, INDICATE WHICH SCHOOL IN YOUR SYSTEM USES WHICH METHOD AND AT WHAT MEAL SERVICE.

SUGGESTED CODING METHODS:

- Names. Tickets may have the child's name on them and can later be compared to a checklist.
- Date stamp. Tickets may have the date stamped on them in different spots. For instance, tickets with the date stamped on the top third may be full-price, tickets stamped the middle third are free, and tickets stamped on the bottom are reduced-price.
- A broken line on the top corner of a ticket may indicate it is a free ticket; a broken line on the bottom corner could indicate a reduced price. A closed line around the ticket may indicate a full-price meal.
- Number coding. Free meal tickets may all have a four-digit number, reduced-price tickets have a five-digit number, and full-price tickets have a six-digit number.
- Number coding by series. Numbers 1 through 1999 may be free meal tickets, numbers 2000 through 3900 may be reduced-price tickets, and numbers 4000 through 5900 may be full-price tickets.

UNACCEPTABLE CODING METHODS:

- Color coding—with a different color ticket representing all free meal tickets, reduced-price tickets, and full-price tickets, respectively.
- Letter coding—with a single letter on the ticket representing all free meal tickets, reduced-price tickets, and full-price tickets, respectively.
- Single number coding—with a single number on the ticket representing all free meal tickets, reduced-price tickets, and full-price tickets, respectively.

PROVISION II

DETAILED COLLECTION PROCEDURES

NOTE: PLEASE REMEMBER THAT IF DIFFERENT COLLECTION PROCEDURES ARE USED AT DIFFERENT SCHOOL BUILDINGS OR IF ANOTHER COLLECTION PROCEDURE IS USED FOR BREAKFAST OR SNACKS, EACH PROCEDURE MUST BE DETAILED. ATTACH ADDITIONAL PAGES AS NECESSARY.

If your collection procedure has not changed from last year, you may attach that copy. If it has changed, your detailed collection procedure must indicate all of the following:

1. **WHERE** are collections made (e.g., office, cafeteria, homeroom, etc.)?
CAFETERIA CLERK – POINT OF SALES

2. **WHEN** are collections made (e.g., before school, on Monday, whenever the student has free time, etc.)?
PROVISION II - DAILY FOR STUDENTS AND ADULTS

3. **HOW** are collections made (e.g., at random, children called by name individually, etc.)?
PROVISION II

4. **WHAT** method is used to accurately account for the number of reimbursable meals served by category (e.g., coded tickets, categorized list of all children, etc.)?
ATTACH SAMPLES OF CODED TICKETS, IF APPLICABLE, FOR EACH CATEGORY.
PROVISION II - EDIT CHECKS AND DAILY BREAKFAST AND LUNCH COUNTS

PROVISION II

CLAIM REQUIREMENTS

Where do you determine the accurate number of reimbursable meals served by the categories of free, reduced-price, or full-price?

Beginning of line

End of line

Other, Please explain: _____

How do you determine that a meal served and claimed for reimbursement met minimum meal pattern requirements? **CAFETERIA CLERK EVALUATES EVERY TRAY AT THE END OF THE LINE - REASSURING THAT ALL COMPONENTS ARE SERVED.**

If you have more than one eating site, list the **TITLE(S)** of the person(s) responsible for conducting on-site reviews:

DEMENTRIOUS P. GIOVAS - SNP DIRECTOR
LARRY BAKER - SNP ASSISTANT DIRECTOR
AIDA SALCEDO - SNP FIELD COMPLIANCE COORDINATOR

PROVISION II
ATTACHMENT "L"
OFFER VERSUS SERVE NOTIFICATION FORM FOR LUNCH

The *Offer versus Serve* provision, which became effective with the passage of Public Law 94-105, was designed to reduce plate waste by allowing senior high school students to select as few as three of the five food items of the reimbursable lunch. This requirement is still in effect and **MUST BE IMPLEMENTED**. School food authorities (SFAs) not observing this regulation are in violation of National School Lunch Program (NSLP) regulations. **(NOTE: Residential child care institutions [RCCIs] are exempt from these requirements.)**

Public Law 95-166 gives **JUNIOR HIGH** and **MIDDLE SCHOOLS**, as defined by the SFA and RCCIs the option of implementing Offer versus Serve. The Omnibus Reconciliation Act of 1981 also gives elementary schools the option of implementing Offer versus Serve. If junior high, middle, and elementary schools implement this provision, appropriate explanations must be made and signs posted. **THE STATE AGENCY MUST BE NOTIFIED IN ADVANCE EACH YEAR IF GRADES LOWER THAN SENIOR HIGH SCHOOL IMPLEMENTS THE OFFER VERSUS SERVE PROVISION.**

PLEASE CHECK THE APPROPRIATE BOXES, AND SUPPLY ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED.

The GADSDEN I.S.D. School Food Authority (SFA) (including RCCIs) will implement the *Offer versus Serve* provision in the following grades (select appropriate grades):

EC K 1 2 3 4 5 6 7 8 **(9 10 11 12)**

School Names:

GADSDEN HIGH SCHOOL / CHAPARRAL HIGH SCHOOL / SANTA TERESA HIGH SCHOOL

The SFA is an RCCI or a dependent school district and will not participate in *Offer versus Serve*.

WILL NOT IMPLEMENT OFFER VS SERVE TO THE ELEMENTARY SCHOOLS

PROVISION II
ATTACHMENT "M"

OFFER VERSUS SERVE NOTIFICATION FORM FOR BREAKFAST

In an effort to improve the nutritional quality of the School Breakfast Program (SBP), Congress included provisions in the School Lunch and Child Nutrition Amendments, Public Law 99-591, directing the United States Department of Agriculture (USDA) to revise the nutritional requirements for breakfast. The law also increased state and local flexibility by extending the *Offer versus Serve* option to school breakfasts.

School Food Authorities (SFAs) are allowed, but not required, to implement Offer versus Serve in their breakfast programs at all grade levels or may restrict Offer versus Serve to certain grade levels.

If Offer versus Serve is implemented at breakfast, appropriate explanations must be made and signs posted. **THE STATE AGENCY MUST BE NOTIFIED IN ADVANCE EACH YEAR IF THE OFFER VERSUS SERVE PROVISION IS IMPLEMENTED.**

PLEASE CHECK THE APPROPRIATE BOX, AND SUPPLY ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED.

The GADSDEN I.S.D. SFA **WILL** implement the *Offer versus Serve* Provision at breakfast for the following grades (circle those that apply):

PK K 1 2 3 4 5 6 7 8 9 10 11 12

The GADSDEN I.S.D. SFA **WILL NOT** implement the *Offer versus Serve* provision at breakfast.
WILL NOT IMPLEMENT THE OFFER VERSUS SERVE TO THE ELEMENTARY SCHOOLS

PROVISION II
ATTACHMENT "N"
CERTIFICATION REGARDING LOBBYING

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by Section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, *Disclosure Form to Report Lobbying*, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

GADSDEN I.S.D.

DONA ANA - 019

NAME OF SCHOOL FOOD AUTHORITY

COUNTY DISTRICT CODE

CYNTHIA NAVA

SUPERINTENDENT

NAME OF SUBMITTING OFFICIAL

TITLE OF SUBMITTING OFFICIAL

SIGNATURE OF SUBMITTING OFFICIAL

DATE

PROVISION II
ATTACHMENT "O"
SCHEDULE A—LIST OF SITES

**SCHOOL BREAKFAST PROGRAM (SBP), SPECIAL MILK PROGRAM (SMP),
 AFTER-SCHOOL SNACK PROGRAM (ASSP), SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP), AND/OR
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AGREEMENT**

Site Code Elem- Mid-M High-H	Accred- ited Site (Y/N)	Name of School (Attendance Unit)	NSLP (Must agree with 3a of page 1)		SBP (Must agree with 3b of page 1)		SNB (Served at least 40% free/reduced-price lunch in 2009-2010) (Must agree with 3c of page 1)		SMP* (Must agree with 3d of pg 1)		ASSP (Must agree with 3e of page 1)		Check if school site also participates in SFSP (Must agree with 3g of page 1)	Check if school site also partici- pates in CACFP (Must agree with 3f of page 1)
			Lowest Grade Participat- ing at This Site	Highest Grade Participat- ing at This Site	Chk If Eating Site	Check If Eating Site	Lowest Grade Participat- ing at this Site	Highest Grade Participat- ing at this Site	Lowest Grade Participat- ing at this Site	Highest Grade Participat- ing at this Site	Lowest Grade Participat- ing at this Site	Highest Grade Participat- ing at This Site		
E	Y	Anthony k-6	K	6	X	X	K	6	N/A	N/A	K	6	X	X
E	Y	Berino	K	6	X	X	K	6	N/A	N/A	K	6	X	X
E	Y	Chaparral Elem.	K	6	X	X	K	6	N/A	N/A	K	6	X	X
H	Y	Chaparral HS	9	12	X	X	9	12	N/A	N/A	9	12	X	X
M	Y	Chaparral MS	7	8	X	X	7	8	N/A	N/A	7	8	X	X
E	Y	Desert Trail	K	6	X	X	K	6	N/A	N/A	K	6	X	X
E	Y	Desert View	K	6	X	X	K	6	N/A	N/A	K	6	X	X
E	PENDING	Gadsden	K	6	X	X	K	6	N/A	N/A	K	6	X	X
H	Y	Gadsden HS	9	12	X	X	9	12	N/A	N/A	9	12	X	X
M	Y	Gadsden MS	7	8	X	X	7	8	N/A	N/A	7	8	X	X
E	Y	La Union	K	6	X	X	K	6	N/A	N/A	K	6	X	X
E	Y	Loma Linda	K	6	X	X	K	6	N/A	N/A	K	6	X	X

PROVISION II
ATTACHMENT "O"
SCHEDULE A—LIST OF SITES

**SCHOOL BREAKFAST PROGRAM (SBP), SPECIAL MILK PROGRAM (SMP),
 AFTER-SCHOOL SNACK PROGRAM (ASSP), SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP), AND/OR
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AGREEMENT**

Site Code Elem-E Mid-M High-H	Accred-ited Site (Y/N)	Name of School (Attendance Unit)	NSLP (Must agree with 3a of page 1)			SBP (Must agree with 3b of page 1)			SNB (Served at least 40% free/reduced-price lunch in 2009-2010) (Must agree with 3c of page 1)			SMP* (Must agree with 3d of pg 1)			ASSP (Must agree with 3e of page 1)		Check if school site also participates in SFSP (Must agree with 3g of page 1)
			Lowest Grade Participating at This Site	Highest Grade Participating at This Site	Chk If Eating Site	Lowest Grade Participating at this Site	Highest Grade Participating at this Site	Check If Eating Site	Lowest Grade Participating at this Site	Highest Grade Participating at this Site	Lowest Grade Participating at this Site	Highest Grade Participating at this Site	Lowest Grade Participating at this Site	Highest Grade Participating at this Site	Lowest Grade Participating at this Site	Highest Grade Participating at this Site	
E	Y	Mesquite	K	6	X	K	6	X	K	6	X	N/A	N/A	K	6	X	
E	Y	Riverside	K	6	X	K	6	X	K	6	X	N/A	N/A	K	6	X	
E	Y	North Valley	K	6	X	K	6	X	K	6	X	N/A	N/A	K	6	X	
E	Y	Santa Teresa	K	6	X	K	6	X	K	6	X	N/A	N/A	K	6	X	
H	Y	Santa Teresa HS	9	12	X	9	12	X	9	12	X	N/A	N/A	9	12	X	
M	Y	Santa Teresa MS	7	8	X	7	8	X	7	8	X	N/A	N/A	7	8	X	
E	Y	Sunland	K	6	X	K	6	X	K	6	X	N/A	N/A	K	6	X	
E	Y	Sunrise	K	6	X	K	6	X	K	6	X	N/A	N/A	K	6	X	
E	Y	Vado	K	6	X	K	6	X	K	6	X	N/A	N/A	K	6	X	

**PROVISION II
ATTACHMENT "P"**

SCHEDULE B - AVERAGE MEAL COST FORMULA

\$	\$7,037,126.73	÷	1,628,833.	+	2,206,210.	+	59,603	+	33,802.	=	\$1.80
	2009-10 Expenditures* (Direct Labor and Benefits, Other Direct, Expendable Equipment, Nonreimbursable Expenses, and Food and Milk Used)		2009-10 Total Breakfasts, including Seamless Summer +2 (All Student Breakfasts, All Paying Adult Breakfasts, and All Contract Breakfasts)		2009-10 Total Lunches/Suppers, Average Cost Per Lunch including Summer Seamless Lunches and Suppers (All Student Lunches/Suppers, All Paying Adult Lunches/Suppers, and All Contract Lunches/Suppers)		2009-10 Total Snacks +4 (All Student Snacks, All Paying Adult Snacks, and All Contract Snacks)		A la Carte Lunch Equivalency (Total Income From A la Carte Sales + \$2.68 or \$2.70 [2009-10] Free Reimbursement Rate)		Average Cost Per Lunch
\$1.80	Average Cost Per Lunch	÷	2		=\$0.90		Minimum Amount to Charge Adults/Contract for Breakfast Meal****				

\$1.80		+	\$1.950**		=\$2.00
Average Cost Per Lunch			Minimum Amount to Charge Adults/Contract for Lunch Meal****		

\$1.80		÷	4		=\$0.45
Average Cost Per Lunch			Minimum Amount to Charge Adults/Contract for Snack Meal****		

* As reported on the Year-End Revenue/Expenditure Report. (Add columns under 2b, 2c, 2d, 2f, and 4f.) May include nonexpendable equipment (2e) if depreciated. Refer to the Compliance Document for depreciation schedule.

** Commodity Allocation Rate.

*** If the SFA is charging adults less than the minimum calculation, then the SFA must explain in the space provided how the CNP Fund is recovering this cost. If SFA is contracting meals, print this form from the computer and attach to the contract.

School may want to charge more than the minimum meal charge to allow for an expected increase in meal costs due to inflation.

FULL CHARGES:	REDUCED-PRICE STUDENT CHARGES:		
	\$PROVISION II	Lunch	\$PROVISION II
Student Lunch	\$PROVISION II	Breakfast	\$PROVISION II
Student Breakfast	\$PROVISION II	Snack	\$PROVISION II
Student Snack	\$PROVISION II	(Pricing Programs Only—does NOT refer to à la carte sales)	(Not to exceed 40¢)
Special Milk Program	\$PROVISION II	(Calculation must be shown above)	(Not to exceed 30¢)
Adult Lunch	\$2.50	(Calculation must be shown above)	(Not to exceed 15¢)
Adult Breakfast	\$1.00	(Calculation must be shown above)	
Adult Snack	\$0.75	(Calculation must be shown above)	

PROVISION II
ATTACHMENT "Q"
SCHEDULE C

APPLICATION FOR SEVERE NEED BREAKFAST REIMBURSEMENT FOR THE

GADSDEN INDEPENDENT SCHOOL / DONA ANA 019

School District Name County

District Code

Completed only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed.

Severe Need Site Name (List each school within district wishing to participate in Severe Need) (1)	Lunches Served in 2009-2010					(6) Percentage Free and Reduced-Price Lunches Served in 2006-2007 School Year* (Column [4] divided by Column [5])
	(2) Number of Free Lunches Served in 2006-2007 School Year	(3) Number of Reduced-Price Lunches Served in 2006-2007 School Year	(4) Total Free and Reduced-Price Lunches Served (Column [2] plus Column [3])	(5) Total Free, Reduced-Price, and Full-Price Lunches Served in 2006-2007 School Year	(6) Percentage Free and Reduced-Price Lunches Served in 2006-2007 School Year* (Column [4] divided by Column [5])	
ANTHONY K-1 ELEM.	49648	2285	51933	53157	97.6%	
BERINO ELEM.	95985	5722	101707	107970	94.10%	
CHAPARRAL ELEM.	110169	6845	117014	126777	92.2 %	
CHAPARRAL MS	93032	5725	98757	110098	89.60%	
DESERT TRAIL ELEM.	83364	7880	91244	103687	97.90%	
DESERT VIEW ELEM.	77235	2496	79731	80538	98.90%	
Name of Authorized Representative:			DEMETRIOUS P. GIOVAS	Date:	7/12/10	

** Sites with 40 percent or more free and reduced-price lunches served in the second preceding year qualify as a Severe Need site. Must agree with Schedule A of agreement.*

PROVISION II
ATTACHMENT "Q"
SCHEDULE C

APPLICATION FOR SEVERE NEED BREAKFAST REIMBURSEMENT FOR THE

GADSDEN INDEPENDENT SCHOOL / DONA ANA 019

District Code

School District Name County

Completed only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed.

Severe Need Site Name (List each school within district wishing to participate in Severe Need) (1)	Lunches Served in 2009-2010					(6) Percentage Free and Reduced-Price Lunches Served in 2006-2007 School Year* (Column [4] divided by Column [5])
	(2) Number of Free Lunches Served in 2006-2007 School Year	(3) Number of Reduced-Price Lunches Served in 2006-2007 School Year	(4) Total Free and Reduced-Price Lunches Served (Column [2] plus Column [3])	(5) Total Free, Reduced-Price, and Full-Price Lunches Served in 2006-2007 School Year	(6) Percentage Free and Reduced-Price Lunches Served in 2006-2007 School Year* (Column [4] divided by Column [5])	
GADSDEN H.S.	299605	6974	306579	317043	96.60%	
GADSDEN M.S.	104383	2911	107294	111999	95.70%	
LA UNION ELEM.	29423	4494	33917	46337	73.10%	
LOMA LINDA ELEM.	78522	4018	82540	73713	98.50%	
MESQUITE ELEM.	69753	4419	74172	80361	92.20%	
NORTH VALLEY ELEM.	47671	5163	52834	57367	92.00%	
Name of Authorized Representative:		DEMETRIUS P. GIOVAS		Date:	July 12, 2010	

** Sites with 40 percent or more free and reduced-price lunches served in the second preceding year qualify as a Severe Need site. Must agree with Schedule A of agreement.*

PROVISION II
ATTACHMENT "Q"
SCHEDULE C

APPLICATION FOR SEVERE NEED BREAKFAST REIMBURSEMENT FOR THE

GADSDEN INDEPENDENT SCHOOL / DONA ANA

019

Completed only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed. School District Name County District Code

Severe Need Site Name (List each school within district wishing to participate in Severe Need) (1)	Lunches Served in 2009-2010					(6) Percentage Free and Reduced-Price Lunches Served in 2006-2007 School Year* (Column [4] divided by Column [5])
	(2) Number of Free Lunches Served in 2006-2007 School Year	(3) Number of Reduced-Price Lunches Served in 2006-2007 School Year	(4) Total Free and Reduced-Price Lunches Served (Column [2] plus Column [3])	(5) Total Free, Reduced-Price, and Full-Price Lunches Served in 2006-2007 School Year	(6) Percentage Free and Reduced-Price Lunches Served in 2006-2007 School Year* (Column [4] divided by Column [5])	
RIVERSIDE ELEM.	101031	931	101962	103516	98.40%	
SANTA TERESA ELEM.	57975	8856	66831	91300	73.10	
SANTA TERESA H.S.	152259	18130	170389	185005	92.00%	
SANTA TERESA M.S.	99789	2092	101881	104601	97.30%	
SUNLAND PARK ELEM.	60917	4525	65442	69620	93.90%	
SUNRISE ELEM.	81423	6211	87634	97048	90.20%	
Name of Authorized Representative:		DEMETRIOUS P. GIOVAS		Date:	7/12/2010	

* Sites with 40 percent or more free and reduced-price lunches served in the second preceding year qualify as a Severe Need site. Must agree with Schedule A of agreement.

PROVISION II
ATTACHMENT "Q"
SCHEDULE C
APPLICATION FOR SEVERE NEED BREAKFAST REIMBURSEMENT FOR THE

GADSDEN INDEPENDENT SCHOOL / DONA ANA 019

Completed only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed. School District Name County District Code

Severe Need Site Name (List each school within district wishing to participate in Severe Need) (1)	Lunches Served in 2009-2010					(6) Percentage Free and Reduced-Price Lunches Served in 2006-2007 School Year* (Column [4] divided by Column [5])
	(2) Number of Free Lunches Served in 2006-2007 School Year	(3) Number of Reduced-Price Lunches Served in 2006-2007 School Year	(4) Total Free and Reduced-Price Lunches Served (Column [2] plus Column [3])	(5) Total Free, Reduced-Price, and Full-Price Lunches Served in 2006-2007 School Year	(6) Percentage Free and Reduced-Price Lunches Served in 2006-2007 School Year* (Column [4] divided by Column [5])	
VADO ELEM.	5940	6179	65589	74449	88.00%	
ANTHONY ELEM.3-6 (GADSDEN ELEM.)	51704	1246	52950	54198	97.60%	
CHAPARRAL H.S.	OPENED	2008-2009				
Name of Authorized Representative: DEMETRIOUS P. GIOVAS – SNP DIRECTOR Date: 7/12/2010						

* Sites with 40 percent or more free and reduced-price lunches served in the second preceding year qualify as a Severe Need site. Must agree with Schedule A of agreement.

**PROVISION II
ATTACHMENT "R"
SCHEDULE D
APPLICATION FOR SNACK REIMBURSEMENT**

GADSDEN INDEPENDENT SCHOOL DISTRICT

019

School District Name County District Code

COMPLETE ONLY FOR SCHOOLS WITH AFTER-SCHOOL PROGRAMS FOR WHICH SNACK REIMBURSEMENT WILL BE CLAIMED.

(1) Site Code	(2) Site Name (List each school within the district wishing to participate in the Snack Program)	(3) Number of Enrolled Students Eligible for Free Meals in October 2009	(4) Number of Enrolled Students Eligible for Reduced-Price Meals in October 2009	(5) Total Free and Reduced-Price Eligible Students (Column [3] plus Column [4])	(6) Total Enrollment	(7) Percentage Free and Reduced-Price Eligibles in October 2009 (Column [5] divided by Column [6])*	(8) Purpose of After-School Program (Must be educational or enrichment)
016	ANTHONY ELEM.	316	15	331	338	98%	KNOWLEDGE ENHANCEMENT
020	BERINO ELEM.	610	27	647	686	94%	KNOWLEDGE ENHANCEMENT
030	CHAPARRAL ELEM.	629	40	669	723	93%	KNOWLEDGE ENHANCEMENT
032	CHAPARRAL M.S.	438	27	465	518	90%	KNOWLEDGE ENHANCEMENT
003	CHAPARRAL H.S.	797	50	847	943	90%	KNOWLEDGE ENHANCEMENT
040	DESERT TRAIL ELEM.	544	52	596	676	88%	KNOWLEDGE ENHANCEMENT
035	DESERT VIEW ELEM.	515	17	532	537	99%	KNOWLEDGE ENHANCEMENT
054	GADSDEN H.S.	1904	45	1949	2014	97%	KNOWLEDGE ENHANCEMENT
052	GADSDEN M.S.	768	22	790	824	96%	KNOWLEDGE ENHANCEMENT

Denise Cole 1/12/10

**PROVISION II
ATTACHMENT "R"
SCHEDULE D
APPLICATION FOR SNACK REIMBURSEMENT**

GADSDEN INDEPENDENT SCHOOL DISTRICT

019

School District Name

County District Code

COMPLETE ONLY FOR SCHOOLS WITH AFTER-SCHOOL PROGRAMS FOR WHICH SNACK REIMBURSEMENT WILL BE CLAIMED.

(1) Site Code	FREE/REDUCED-PRICE ELIGIBLES BY SITE FOR OCTOBER							
	(2) Site Name (List each school within the district wishing to participate in the Snack Program)	(3) Number of Enrolled Students Eligible for Free Meals in October 2009	(4) Number of Enrolled Students Eligible for Reduced-Price Meals in October 2009	(5) Total Free and Reduced-Price Eligible Students (Column [3] plus Column [4])	(6) Total Enrollment	(7) Percentage Free and Reduced-Price Eligibles in October 2009 (Column [5] divided by Column [6])*	(8) Purpose of After-School Program (Must be educational or enrichment)	
076	LA UNION ELEM.	175	27	202	275	73%	KNOWLEDGE ENHANCEMENT	
086	LOMA LINDA ELEM.	515	27	542	549	99%	KNOWLEDGE ENHANCEMENT	
104	MESQUITE ELEM.	369	24	393	425	92%	KNOWLEDGE ENHANCEMENT	
150	NORTH VALLEY ELEM.	340	37	377	409	92%	KNOWLEDGE ENHANCEMENT	
140	RIVERSIDE ELEM.	739	7	746	757	99%	KNOWLEDGE ENHANCEMENT	
008	SANTA TERESA ELEM.	364	56	420	573	73%	KNOWLEDGE ENHANCEMENT	
200	SANTA TERESA H.S.	1039	124	1163	1262	92%	KNOWLEDGE ENHANCEMENT	
175	SANTA TERESA M.S.	589	13	602	617	98%	KNOWLEDGE ENHANCEMENT	
013	SUNLAND PARK ELEM.	340	26	366	388	94%	KNOWLEDGE ENHANCEMENT	
009	SUNRISE ELEM.	464	36	500	552	91%	KNOWLEDGE ENHANCEMENT	
Name of Authorized Representative: DEMETRIUS P. GIOVAS					Date:			
						7	7/12/10	

**PROVISION II
ATTACHMENT "R"
SCHEDULE D**

APPLICATION FOR SNACK REIMBURSEMENT

GADSDEN INDEPENDENT SCHOOL DISTRICT

019

School District Name

County District Code

COMPLETE ONLY FOR SCHOOLS WITH AFTER-SCHOOL PROGRAMS FOR WHICH SNACK REIMBURSEMENT WILL BE CLAIMED.

(1) Site Code	(2) Site Name (List each school within the district wishing to participate in the Snack Program)	(3) Number of Enrolled Students Eligible for Free Meals in October 2009	(4) Number of Enrolled Students Eligible for Reduced-Price Meals in October 2009	(5) Total Free and Reduced-Price Eligible Students (Column [3] plus Column [4])	(6) Total Enrollment	(7) Percentage Free and Reduced-Price Eligibles in October 2009 (Column [5] divided by Column [6])*	(8) Purpose of After-School Program (Must be educational or enrichment)
001	VADO ELEM.	395	42	437	494	88%	KNOWLEDGE ENHANCEMENT
Pending	GADSDEN ELEM. (REPLACES ANTHONY ELEM. 3-6)	369	9	378	386	98%	KNOWLEDGE ENHANCEMENT
Name of Authorized Representative: DEMETRIOUS P. GIOVAS						Date:	7/12/10

* Sites with 50 percent or more free and reduced-price eligible students qualify to claim all snack served at the free rate of reimbursement.