

An aerial photograph of a city, likely Fargo, North Dakota, showing a mix of urban buildings, green spaces, and a river with a bridge. The image is partially obscured by a white text box and a teal vertical bar.

Free and Reduced 101 & Meal Counting Practices



Free and Reduced Eligibility

Important for:

- Households – helps families
- Schools - Grants or Title 1 funding may be based on free/reduced number
- Adds additional funding to your program

Timeline

- July 1 – first date applications can be accepted
- Applications must be determined within 10 days of receiving
- 30-day Carryover (students can carryover their eligibility for 30 school days)
- Public Media Release
- October 1st – Verification begins
- November 15th – Verification ends
- December 15th Verification Summary Report is due

Important Officials

- **Determining Official**

Person designated by the school to review and approve applications

- **Confirming Official**

Person designated by the school to confirm the initial determination of the application(s) chosen for verification

- **Verifying Official**

Person designated by the school to conduct the verification process

- **Hearing Official**

Person designated to conduct a fair hearing if the parent or guardian requests it.

- Determining and Verifying can be the same person (min 3 staff)

Other Important Information and Documents

- Income Eligibility Guidelines (updated yearly)
 - School use guidelines vs Public use guidelines
- Free and Reduced Application – if you alter it, please ask for approval from our office.
- Letter to Households – All Families must receive
- Letter Templates
- Direct Certification
- Verification
- All of this information is on our website

“State 225” Information

Use State Expanded Income Eligibility Guidelines when approving applications

- -IMPORTANT- Categorize students in the eligibility category in which they qualify.
- Four Categories of Applications – Free, Reduced, State 225, Denied
- Applications that are approved for State 225 are not subject to Federal Verification
- Some Funding Formulas, such as ERATE, are based on Federal Eligibility only

Carryover of Previous Free or Reduced Students

- Students previously determined as free or reduced can be carried over for 30 school days.
- Use the most recent data available **per student**.
- Don't forget to remove them (commonly seen on Administrative Reviews)

Direct Certification

- Automatic approval for FREE meals based on other State/Local/School Data
 - Household does not have to fill out application
 - Includes SNAP, Foster, Migrant, Homeless, Runaway, Medicaid.
- SNAP, TANF, Medicaid come from STARS
 - Check STARS for SNAP, TANF and Medicaid—Requirement is 3 x year. Should do it more often.

Direct Certification

- Foster, Migrant, Homeless come from School Official
 - MUST have DOCUMENTATION of qualification, i.e.
Extended eligibility, Liaison list
- Can Extend eligibility for SNAP, TANF and Medicaid
- Send Notification of Predetermined Eligibility
 - Make sure updated civil rights statement is included
 - Do not send Application



Apply online: (Insert web address. Delete if online application is unavailable)

2025-26 Application for Free or Reduced-Price Meals

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: (School/District Information)

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply.	Foster Child	Migrant	Homeless or Runaway
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Medical assistance does not qualify through an application. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3).

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?	Any Other Gross Income						
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

B. Child Income.

Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- Or ☐ I do not have a Social Security Number

Total Number of All Household Members (Children + Adults) Here:

B. Attestation & Signature: "I certify (promise) that all information on this application is true and that all income is reported."

I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input checked="" type="checkbox"/>	
SIGNATURE of Adult Completing Application (Form must be signed to be complete.)	DATE
Print Name	Daytime Phone
Address (if available)	Apt# City Zip

SCHOOL OFFICE USE ONLY		<input type="checkbox"/> Error Prone Application
<input type="checkbox"/> Case # Application	<input type="checkbox"/> Foster Application	<input type="checkbox"/> Directly Certified: Date of Disregard: _____
<input type="checkbox"/> Income Application	<input type="checkbox"/> Homeless/Migrant/Runaway	
Household Size: _____		
Total Income: \$ _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Wks.) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State (225%) _____ Denied _____		Reason for Denial <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete App
Determining Official's Signature: _____	Date: _____	
<input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____	Date: _____	
	Verifying Official's Signature: _____	Date: _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none">Earnings from workSocial Security<ul style="list-style-type: none">Disability PaymentsSurvivor's BenefitsIncome from person outside the householdIncome from any other source	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wages.A child is blind or disabled and receives Social SecurityA Parent is disabled, retired, or deceased, and their child receives Social Security benefits.A friend or extended family member regularly gives a child spending money.A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none">Salary, wages, cash bonuses (before deductions or taxes)Net income from self-employment (farm or business)If you are in the U.S. Military:<ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)Allowances for off-base housing, food and clothing	<ul style="list-style-type: none">Cash Assistance from State or local governmentSupplemental Security IncomeUnemployment benefitsWorker's compensationAlimony paymentsChild support paymentsVeteran's benefitsStrike benefits	<ul style="list-style-type: none">Social SecurityDisability benefitsRegular income from trusts or estatesAnnuitiesInvestment incomeRental incomeRegular cash payments from outside household

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Step Two: Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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 last four digits of the Social Security number of the adult household member who signs the application. The last four digits of 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.

Foster, migrant, homeless, and runaway children and children enrolled in a Head Start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school for more information.

Nondiscrimination Statement: *In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail*: 1. U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 202509410
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

*Only use this address if you are filing a complaint of discrimination.

Return completed form to your child's school.

Application Sections to Check

- Income Frequency
- Adult Household member signature
- Last 4 digits of SSN
- Does Household Number Match list of members.
- Complete "For School Use Only"



Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines July 1, 2025 to June 30, 2026

Federal Free Meals – 130 Percent						Federal Reduced-Price Meal – 185 Percent						State 225 – 225 Percent					
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
Multiply		12	24	26	52	Multiply		12	24	26	52	Multiply		12	24	26	52
Error Prone	\$1,200	\$100	\$50	\$50	\$25	Error Prone	\$1,200	\$100	\$50	\$50	\$25	Error Prone	\$1,200	\$100	\$50	\$50	\$25
1	\$20,345	\$1,696	\$848	\$783	\$392	1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	1	\$35,213	\$2,935	\$1,468	\$1,355	\$678
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529	2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	2	\$47,588	\$3,966	\$1,983	\$1,831	\$916
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	3	\$59,963	\$4,997	\$2,499	\$2,307	\$1,154
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144	4	\$72,338	\$6,029	\$3,015	\$2,783	\$1,392
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340	5	\$84,713	\$7,060	\$3,530	\$3,259	\$1,630
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	6	\$97,088	\$8,091	\$4,046	\$3,735	\$1,868
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731	7	\$109,463	\$9,122	\$4,561	\$4,211	\$2,106
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927	8	\$121,838	\$10,154	\$5,077	\$4,687	\$2,344
For each additional family member, add	\$7,150	\$596	\$298	\$275	\$138	For each additional family member add	\$10,175	\$848	\$424	\$392	\$196	For each additional family member, add	\$12,375	\$1,032	\$516	\$476	\$238

NOTE: Do not allow hardship deductions from the above.

Reminders

- *Error Prone Applications: Any application within \$100 *per month* of the applicable IEGs.
- *Multiply the income that is received every 2 weeks (biweekly) by 26 to arrive at the annual income.
- *Multiply weekly income by 52 to arrive at annual income.
- *Gross or total income must be used in determining eligibility for wage earners.
- *A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

Teams/general/4nslp/new year 2026

This institution is an equal opportunity provider.

Income Conversion/ERROR PRONE	Yearly	Monthly	2x Month	Every 2 weeks (Bi-Weekly)	Weekly
Annual Income Conversion: Multiply income by	X 1	X 12	X 24	X 26	X 52
Error Prone: \$ Range Below the free or reduced-price income eligibility limit.	\$0-\$1,200	\$0-\$100	\$0-\$50	\$0-\$50	\$0-\$25



Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines July 1, 2025 to June 30, 2026

Federal Reduced-Price Meal – 185 Percent						State 225 - 225 Percent					
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	1	\$35,213	\$2,935	\$1,468	\$1,355	\$678
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	2	\$47,588	\$3,966	\$1,983	\$1,831	\$916
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	3	\$59,963	\$4,997	\$2,499	\$2,307	\$1,154
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144	4	\$72,338	\$6,029	\$3,015	\$2,783	\$1,392
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340	5	\$84,713	\$7,060	\$3,530	\$3,259	\$1,630
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	6	\$97,088	\$8,091	\$4,046	\$3,735	\$1,868
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731	7	\$109,463	\$9,122	\$4,561	\$4,211	\$2,106
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927	8	\$121,838	\$10,154	\$5,077	\$4,687	\$2,344
For each additional family member add	\$10,175	\$848	\$424	\$392	\$196	For each additional family member, add	\$12,375	\$1,032	\$516	\$476	\$238

NOTE: Do not allow hardship deductions from the above.

Reminders

*Multiply the income that is received every 2 weeks (biweekly) by 26 to arrive at the annual income.

*Multiply weekly income by 52 to arrive at annual income.

*Gross or total income must be used in determining eligibility for wage earners.

*A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

Teams/general/4nslp/new year 2026

This institution is an equal opportunity provider.

Income Frequency

- Notice how often the income is received:
 - Weekly: take times 52
 - Biweekly: take times 26
 - Monthly: take times 12
 - Bimonthly: Take times 24
- Easiest to calculate it on Annual Basis

Sharing Eligibility Information

- Activities, After School Clubs, etc.,
- The privacy and confidentiality of personal data must be protected, and schools **must take the decision to release eligibility information seriously.**
- Household must give consent
- Sponsor or institution receiving eligibility information cannot share the information with any other entity or institution. The institution or sponsor must also ensure that the information is securely stored, and the number of individuals that have access to it is limited.

Release of Information

- Household must consent
 - Annually; these do not carryover
 - Custodial parent signing the app
- **School program receiving information must sign Agreement for confidentiality**
 - Who has access to info
 - How it will be protected
 - Certify it will not be released to anyone else.

FREE AND REDUCED PRICE MEAL APPLICATION INFORMATION RELEASE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION
(Rev. 6/11) G/Tools/SNP/Free and Reduced Price Meal Application Information Release

It is not necessary to fill out the Information Release form in order to participate in the school nutrition programs. By signing the form, you are giving school nutrition program personnel the permission to release the information provided in your application for Free or Reduced Price Meals. The information will only be released in school related programs to determine eligibility for waiving fees or to determine if other benefits are available to your child(ren).

You have my permission to release the information contained in the School Year Free and Reduced Price Meal Application for my child(ren) listed below:

Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)
Name of Child (first and last)

The information provided on the Free and Reduced Price Meal Application can be used for the programs marked below:

<input type="checkbox"/> Bus fees	<input type="checkbox"/> Extra-curricular activities	<input type="checkbox"/> School supplies
<input type="checkbox"/> Tutoring, career/college exploration (as offered by Federal TRIO programs)		
<input type="checkbox"/> Other (describe)		

I certify that I am the parent/legal guardian of the child(ren) listed above.

Signature of Parent/Legal Guardian	Date
------------------------------------	------

Resources

Eligibility
Manual, 2017

CNFD
Website

Your Child
Nutrition
Team at DPI

School Nutrition Program

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

School Nutrition Programs Include:

[School Breakfast Program](#) / [National School Lunch Program](#) / [Special Milk Program](#) / [After School Snack Program](#)

Waiver Requests

- [Non-Congregate Unanticipated School Closure Waiver](#)
- [Waiver for the National School Lunch Program Administrative Review and Reporting Requirements](#)
- [5-Year Administrative Review Cycle](#)

Summaries of the School Nutrition Reviews 2024-2025

Administrative Review - 5 year cycle

2024-2025 Important Dates to Remember

North Dakota Legislation for the 25-26 & 26-27 School Year

State 225 Meals (House Bill 1013) FAQ

Requirement that each School District offer an Electronic Form of the Free/Reduced-Price Meal Eligibility Application (HB 1013) FAQ

Whole Milk dispensed from Bulk Milk Machines (House Bill 1132) FAQs

Anti Lunch Shaming Bill (Continuing Legislation)

[WATCH KITCHEN COUNTER CONVERSATIONS OR OTHER TRAININGS](#)

**POLICIES /
MANUALS /
GUIDANCE**

Guidance

**MEAL
PRODUCTION
BOOKS**

Meals

FORMS / TOOLS

Forms

**FREE &
REDUCED
PRICE INFO**

Info

Eligibility Manual for School Meals Determining and Verifying Eligibility



SNP Free & Reduced Price Information

Free and Reduced-Price School Meal Application and Information

FREE SCHOOL MEALS EXPIRING JUNE 2022

- The American Rescue Plan Act of 2021 has enabled public schools across the nation to provide all students free meals since the COVID-19 pandemic first disrupted K-12 education in March of 2020. The free school meal benefits will expire after the last school day of the 2021-2022 school year.

What does this mean for families?

- In the fall of 2022, meals will return to paid-for status. Families will need to pay full price for student meals or fill out an application to qualify for free or reduced-price meals.

Carry-Over:

- At this time, we do not know if there will be any carry-over of the free eligibility to give families time to submit applications, or even free and reduced eligibility from 2021/2022 or previous years.
- Free and reduced-price meal applications for the 2022-2023 school year cannot be completed or approved until after July 1, 2022.

Free and Reduced Price Meal Application Processing Reminders

All families must receive an application for free or reduced-price meals.

- The Letter to Households must accompany the application.
- The household must write their income information on the application form - the schools should not have to do this.
- A determination must be made within 10 days of receipt of an application.
- Children may be claimed based on last year's eligibility for the first 30 operating days of the school year or until a new application is filed.
- All applicants must be notified of the determination. Denied applicants must be notified in writing.

Benefits Prior to Processing Applications

Before applications are processed for the school year, the local agency may claim and be reimbursed for free and reduced-price meals or snacks, or free milk for these students:

- Students from households with approved applications or Meal Benefit Notices on file from the previous year.
- Newly enrolled children from households with children approved for benefits the previous year.
- Previously approved children who transfer from one school to another under the jurisdiction of the same local agency. If the applications are not centrally maintained, both the sending and the receiving local agency must maintain a copy of the transferring student's application.

The above students must be allowed a 30-day carry-over of the previous eligibility determination. Once a current year application is received, it takes precedence over the previous year's application.

POS Meal Counting Procedure Reminder

- Point of Sale must be at the END of serving line, after all meal components have been offered.
 - Any other Meal Counting Procedure must have prior approval from DPI.
 - School must submit request in writing.
- Overt Identification – any action that may result in a child being recognized as eligible to receive free or reduced meals.

Meal Counting Reminders

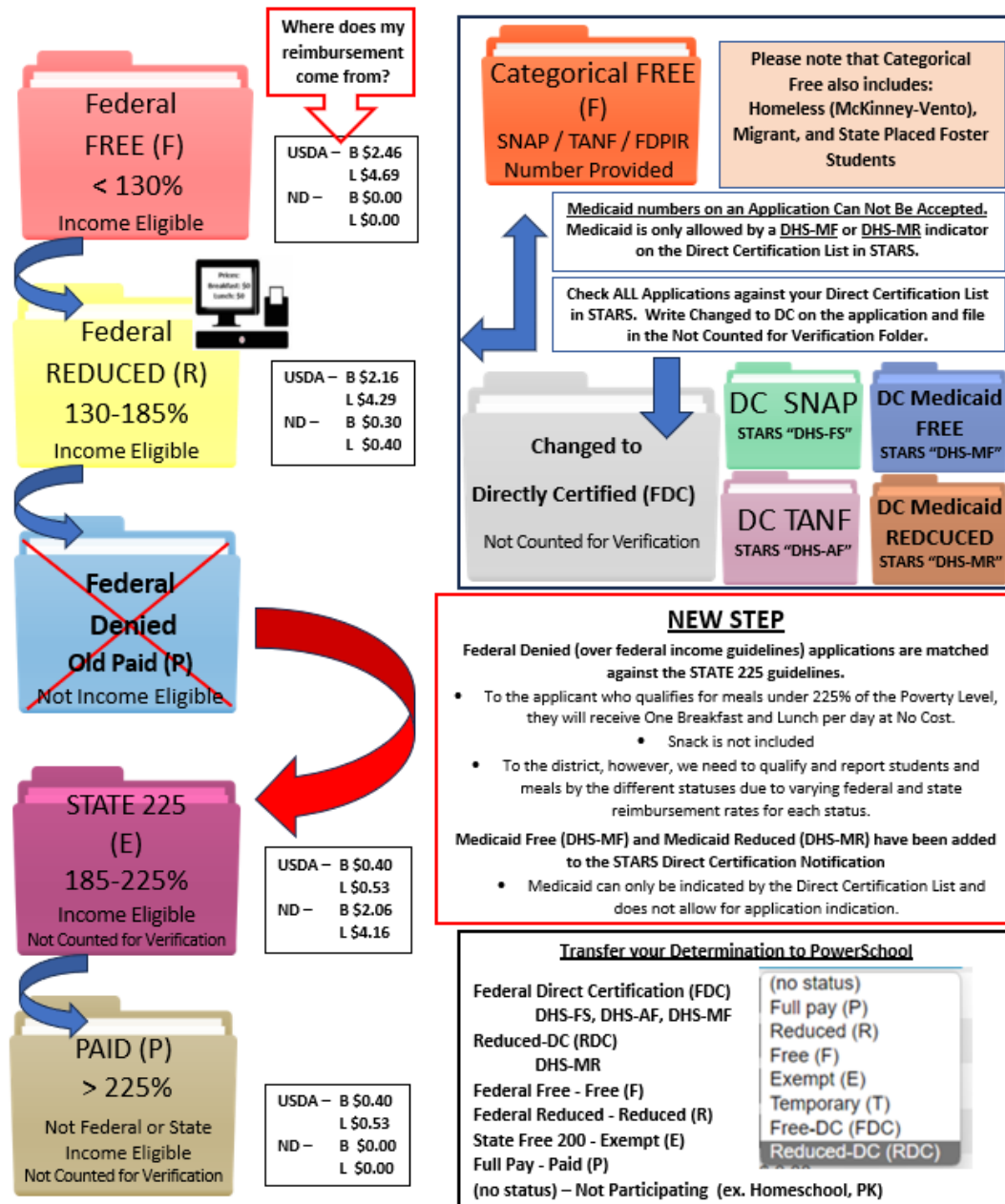
Non-allowable Meal Counting Procedures:

- Counts taken in the classroom
- Counts from the number of tickets sold/issued
- Counts based on attendance
- Head Counts
- Tray Counts
- Paid meal counts obtained by “backing out” the numbers of free and reduced-price meals from the total number of meals
- Adults cannot be claimed for reimbursement

Verification

- 3% of Applications as of October 1.
 - Not Names, total applications
 - Not including State 225
 - Round Up (1.01 = 2)
 - Remember to check the DC list
- October "Across the Desk" will cover Verification in Detail.
- Must complete the verification process by November 15th.
- Must submit Verification Collection Report by Dec 15th.

Determining 2025-2026 Free & Reduced-Price Meal Applications



Use the color-coded folders to separate your Free & Reduced Meal Applications and fill them into the corresponding blanks on the School Food Authority (SFA) Verification Collection Report

Section 3: Students Approved as Free eligible Not subject to verification

*Check the box only if all schools and/or RCCs in the SFA were not required to perform direct certification with SNAP (i.e. NON BASE year Provision 2/3 for all schools)

Total number of students who were directly certified through the Supplemental Nutrition Assistance Program (SNAP). Include children who are extended free eligibility because they are living within a household that is receiving SNAP:

DC SNAP Students

Total number of students directly certified through other programs (Temporary Assistance for Needy Families (TANF) Food Distribution Program on Indian Reservations, foster, homeless, migrant, runaway, Head Start, or even star, or non-applicant but approved by local officials). Do not include SNAP students already reported in the previous question:

DC TANF, FDPIR + Students

Students directly certified FREE through Medicaid:

DC Medicaid Free Students

Students directly certified REDUCED PRICE through Medicaid:

DC Medicaid Reduced Students

Total number of applications approved as State 225 based on household size and State Income Eligibility Guidelines:

State 225 Applications

Total number of students approved as State 225 based on household size and State Income Eligibility Guidelines:

State 225 Students

Section 4: Household applications and students approved as Free or Reduced Price eligible through an application

Please enter the number of approved application forms on file for the following eligibility determinations:

Total number of applications approved as categorically Free eligible based on those providing information on an application form i.e. SNAP or TANF case number:

Free Case Number Provided Applications

Total number of applications approved as Free eligible based on household size and income information:

Free Income Applications

Total number of applications approved as Reduced Price eligible based on household size and income information:

Reduced Income Applications

Please enter the number of students approved as Free or Reduced Price by the following eligibility determinations

Total number of students approved as categorically Free eligible based on those providing information on an application form i.e. SNAP or TANF case number:

Free Case Number Provided Students

Total number of students approved as Free eligible based on household size and income information:

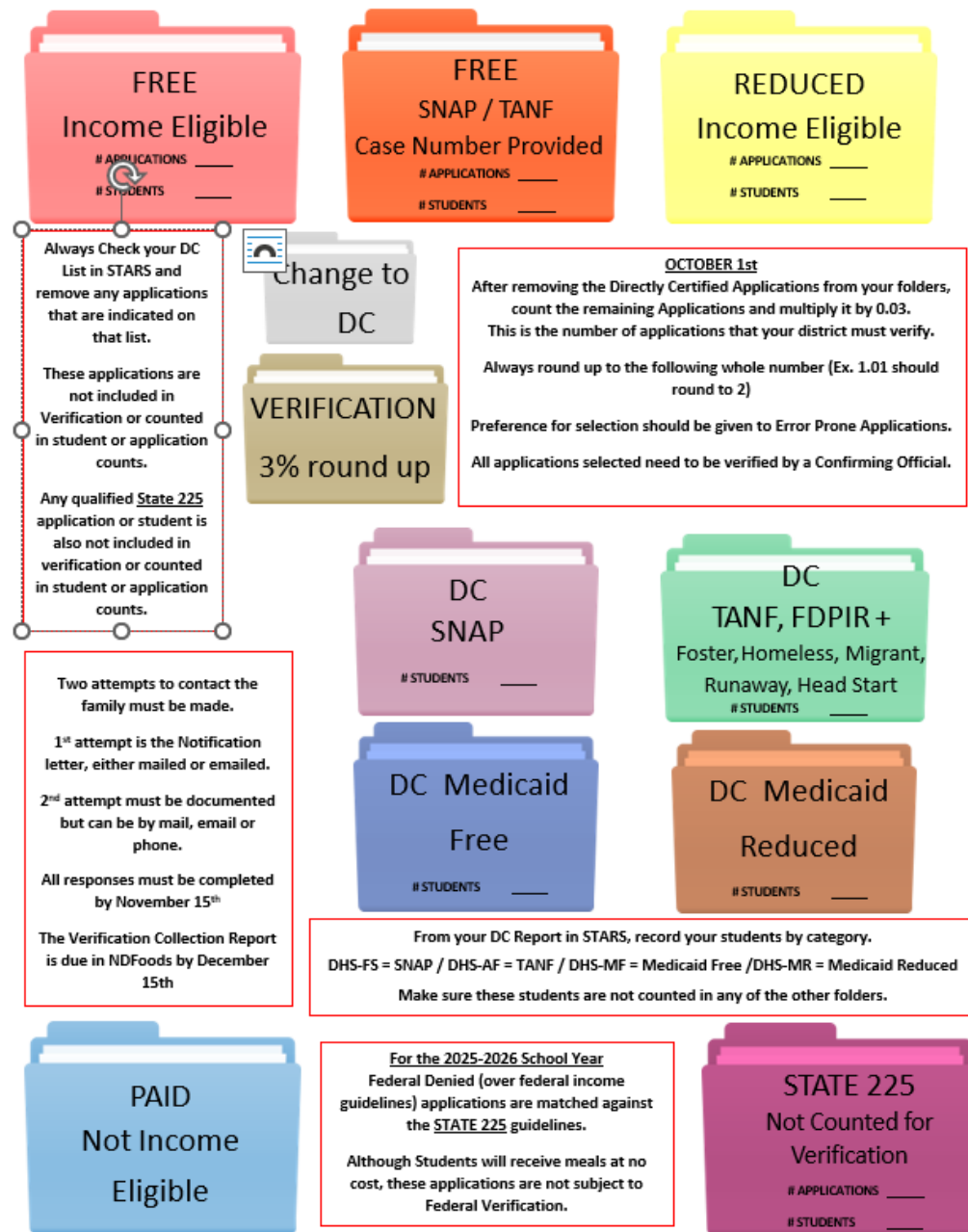
Free Income Students

Total number of students approved as Reduced Price eligible based on household size and income information:

Reduced Income Students

Total FREE Eligible Students Reported: **CALCULATED**

Total REDUCED PRICE Eligible Students Reported: **CALCULATED**



This institution is an equal opportunity provider.

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2. Fax: (202) 690-7442; or;
3. Email: program.intake@usda.gov

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