

# School Nutrition Update

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# Topics

- Community Eligibility Provision (CEP)
- CEP – Alternate Income Forms
- Direct Certification Medicaid Demonstration Project (DCM)
- Reimbursement Rates
- Reduced Price Funding (breakfast)
- Charge Policy
- Indirect Cost
- Financial Reports and additional funding

# Community Eligibility Provision (CEP)

- This provision allows the school/district to provide meals at no cost to all students.
- The school must have an Identified Student Percentage(ISP) of at least 40%.
- Reimbursement will be determined by multiplying the ISP by a factor of 1.6.

# CEP Statistics

|                     |       |          |
|---------------------|-------|----------|
| • # of Sites        | 1,592 | SY 23-24 |
|                     | 974   | SY 22-23 |
| • # of Districtwide | 98    | SY 23-24 |
|                     | 64    | SY 22-23 |

\*Includes all PSUs (LEA/Charters and Non-public Schools)

# CEP - Alternate Income Forms

- The PSU needs to establish a procedure on how the forms will be processed and who will serve as the **EDS Coordinator**.
- There is **NO** requirement for School Nutrition to serve as the EDS Coordinator. There can be individuals at each of the schools to determine “eligibility” for other district needs.

# CEP - Alternate Income Forms

- School Nutrition Funds may not be used to process alternate income forms – this includes printing the document, determining benefits, purchasing software, etc.
- These forms **MAY NOT** be entered into the existing Student Eligibility Software program.

## District Information

### Household Size and Income Form

Students attending public schools may be eligible for supplemental education services, resources and opportunities based on the size and income of the household in which they live. Please complete this form to help your child's school determine whether your child(ren) may qualify for additional education support.

#### PART 1. ALL HOUSEHOLD MEMBERS

| List name of all adults and children who live in the <u>Household</u> (First, Middle Initial, Last) | School the child attends, or indicate "NA" if <u>household</u> member is not in school | Grade Level | Check if a foster child (legal responsibility of the state welfare agency or court). If <u>all</u> children listed below are foster children, <b>skip to Part 3 to sign this form.</b> |  |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                     |                                                                                        |             | <input type="checkbox"/>                                                                                                                                                               |  |
|                                                                                                     |                                                                                        |             | <input type="checkbox"/>                                                                                                                                                               |  |
|                                                                                                     |                                                                                        |             | <input type="checkbox"/>                                                                                                                                                               |  |
|                                                                                                     |                                                                                        |             | <input type="checkbox"/>                                                                                                                                                               |  |
|                                                                                                     |                                                                                        |             | <input type="checkbox"/>                                                                                                                                                               |  |
|                                                                                                     |                                                                                        |             | <input type="checkbox"/>                                                                                                                                                               |  |

**PART 2. TOTAL HOUSEHOLD GROSS INCOME** (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

☐ **DECLINE TO PROVIDE INCOME** – Check this box if you don't wish to provide your income information.

| 1. NAME<br>(List only household members with income, including any students in the home who have income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED |                                     |                          |                          |                          |                                           |                          |                                     |                          |                          |                                                                           |                          |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                          | Earnings from work before deductions          | Weekly                              | Every 2 Weeks            | Twice Monthly            | Monthly                  | Public assistance, child support, alimony | Weekly                   | Every 2 Weeks                       | Twice Monthly            | Monthly                  | Pensions, retirement, Social Security, SSI, VA benefits, All Other Income | Weekly                   | Every 2 Weeks            | Twice Monthly            | Monthly                  |
| (Example) Jane Smith                                                                                     | \$200                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$150                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0                                                                       | <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"/> |
|                                                                                                          | \$                                            | <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"/> |

#### PART 3. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and 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 child(ren) may lose benefits.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### Privacy Notice

The North Carolina Department of Public Instruction is asking schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for extra benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules.

### HOUSEHOLD CHECKLIST

- ☐ Have you included all your children as household members?
  - ☐ For each household member receiving income, is the frequency checkbox checked?
  - ☐ Have you signed the form?
- 

### DO NOT 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: \_\_\_\_\_

EDS: Yes \_\_\_\_\_ No \_\_\_\_\_

EDS Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

FOR APPROVING OFFICIAL ONLY

# **INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS** **EFFECTIVE JULY 1, 2023 – JUNE 30, 2024**

| Household Size                              | ANNUAL |         | MONTHLY |         | TWICE PER MONTH |         | EVERY TWO WEEKS |         | WEEKLY |         |
|---------------------------------------------|--------|---------|---------|---------|-----------------|---------|-----------------|---------|--------|---------|
|                                             | Free   | Reduced | Free    | Reduced | Free            | Reduced | Free            | Reduced | Free   | Reduced |
| <b>1</b>                                    | 18,954 | 26,973  | 1,580   | 2,248   | 790             | 1,124   | 729             | 1,038   | 365    | 519     |
| <b>2</b>                                    | 25,636 | 36,482  | 2,137   | 3,041   | 1,069           | 1,521   | 986             | 1,404   | 493    | 702     |
| <b>3</b>                                    | 32,318 | 45,991  | 2,694   | 3,833   | 1,347           | 1,917   | 1,243           | 1,769   | 622    | 885     |
| <b>4</b>                                    | 39,000 | 55,500  | 3,250   | 4,625   | 1,625           | 2,313   | 1,500           | 2,135   | 750    | 1,068   |
| <b>5</b>                                    | 45,682 | 65,009  | 3,807   | 5,418   | 1,904           | 2,709   | 1,757           | 2,501   | 879    | 1,251   |
| <b>6</b>                                    | 52,364 | 74,518  | 4,364   | 6,210   | 2,182           | 3,105   | 2,014           | 2,867   | 1,007  | 1,434   |
| <b>7</b>                                    | 59,046 | 84,027  | 4,921   | 7,003   | 2,461           | 3,502   | 2,271           | 3,232   | 1,136  | 1,616   |
| <b>8</b>                                    | 65,728 | 93,536  | 5,478   | 7,795   | 2,739           | 3,898   | 2,528           | 3,598   | 1,264  | 1,799   |
| <b>For each additional household member</b> |        |         |         |         |                 |         |                 |         |        |         |
| <b>Add:</b>                                 | 6,682  | 9,509   | 557     | 793     | 279             | 397     | 257             | 366     | 129    | 183     |

**CONVERTING INCOME TO ANNUALLY:** If there are multiple income sources with more than one frequency, the LEA must annualize all income by multiplying:  
Monthly (x12)    Semi-Monthly or Bi-Monthly/Twice Per Month (x24)    Bi-weekly/Every 2 Weeks (x26)    Weekly (x52)

|                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FNS/WORK FIRST HOUSEHOLDS:</b><br>1. Child(ren) names.<br>2. FNS or Work First Cash Assistance case number of any household member.<br>3. Signature of the Head of Household member. | <b>ALL OTHER HOUSEHOLDS:</b><br>1. Child(ren) names.<br>2. Names of ALL household members<br>3. Last 4 digits of Social Security Number (SSN) of adult who signs application. | 5. The frequency of how often the income was received.<br>6. No income box <b>must</b> be checked if no income is received from any source.<br>7. Signature of the Head of Household member. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Direct Certification- Medicaid Demonstration Project

- Students receiving certain types of Medicaid benefits can be directly certified for either free or reduced-price meal benefits.
- Students that are directly certified as free are included in the Identified Student count for CEP
- It is important to note that many of these students previously qualified for benefits for based on the household size and income.

# Federal Reimbursement

| <b>USDA Reimbursement Rates for<br/> <u>Certified School Food Authorities</u><br/>                     Effective from: July 1, 2023 - June 30, 2024</b> |               |                                                                                             |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>National School Lunch Program</b>                                                                                                                    |               | <b>Less than 60%</b><br><small>Includes 8 cents for performance based reimbursement</small> | <b>60% or More</b><br><small>Includes 8 cents for performance based reimbursement</small> |
| Contiguous States                                                                                                                                       | Paid          | 0.48                                                                                        | 0.50                                                                                      |
|                                                                                                                                                         | Reduced-Price | 3.93                                                                                        | 3.95                                                                                      |
|                                                                                                                                                         | Free          | 4.33                                                                                        | 4.35                                                                                      |
| <b>School Breakfast Program</b>                                                                                                                         |               | <b>Non-Severe Need</b>                                                                      | <b>Severe Need</b>                                                                        |
| Contiguous States                                                                                                                                       | Paid          | 0.38                                                                                        | 0.38                                                                                      |
|                                                                                                                                                         | Reduced-Price | 1.98                                                                                        | 2.43                                                                                      |
|                                                                                                                                                         | Free          | 2.28                                                                                        | 2.73                                                                                      |
| <b>Special Milk Program</b>                                                                                                                             |               | <b>All Milk</b>                                                                             | <b>Free Milk</b>                                                                          |
| Pricing Programs without Free Option                                                                                                                    |               | 0.2625                                                                                      | N/A                                                                                       |
| Pricing Programs with Free Option                                                                                                                       |               | N/A                                                                                         | Average Cost Per<br>½ Pint of Milk                                                        |
| Non-Pricing Programs                                                                                                                                    |               | 0.2625                                                                                      | N/A                                                                                       |
| <b>After School Snack Program</b>                                                                                                                       |               |                                                                                             |                                                                                           |
| Contiguous States                                                                                                                                       | Paid          | 0.10                                                                                        |                                                                                           |
|                                                                                                                                                         | Reduced-Price | 0.58                                                                                        |                                                                                           |
|                                                                                                                                                         | Free          | 1.17                                                                                        |                                                                                           |

# Reduced-Price State Reimbursement

Breakfast - **\$2,017,761**

Lunch - **Currently, there are no state funds earmarked for reduced price lunch – this may change depending on the approved state budget.**

This funding will be provided each month based on the number of reduced-price meals claimed for reimbursement

# Charge Policy

- Recommend that you review the current charge policy in place and adjust as needed.
- Any outstanding student charges as of the end of the school year, will need to be covered by local funds.

# SY 23-24 Indirect Cost

- Assessment will be based on June 2023 – FC1-A, submitted in the School Nutrition Technology System (SNTS).
- Notification letters will be sent from the Office of School Nutrition after reviewing the forms.
- Please submit the PSU's intention related to indirect cost prior to year end – information is included in the letter.

# SY 23-24 Indirect Cost

- The rate is capped at 8.000% per 115C-450
- Only two LEAs have an Unrestricted Rate calculated below 8.000%.
- The rate is applied to Salaries/Benefits (100 & 200 –excludes 223); Workshop Expense (312), Travel (332) and Supplies (411)

# Financial Reports (FC1-A)

- Due Quarterly
- Should be reviewed for accuracy prior to submitting
- Authoritative Source for School Nutrition reporting
- Used to calculate the number of months operating balance
- June report will be used to determine the ability for the SN program to be charged indirect cost.

# Additional Funding....

- Supply Chain Assistance (SCA)
- Equipment Assistance Grants

**Do you have any  
questions?**