

# Handout 6

## Direct Certification

<https://www.dwd.state.wi.us/dcfdirectcert/>

### State of Wisconsin Direct Certification Program



#### New Users

If you have not yet accessed direct certification through this website:

1. Click here to [Create A New Account](#) Your old ID and password will not be valid for this website.
2. Read the [Direct Certification Instruction manual](#). File layouts have been changed. Your old files will not work for the new system.
3. Once your account has been activated use the link below to log in to the direct certification system.

#### Registered Users

- [Click here to log in](#) \*\* If your student software formats your files for direct certification do not attempt to use this system until you receive an update from the student software company. Student software companies have been notified of these changes and should have their updates completed by July 1st 2010.

### Direct Certification Contact Information

Questions or problems with the Direct Certification application should be directed to the  
DWD Service Desk:  
Phone: (608) 266-7252

Direct Certification policy questions should be directed to DPI School Nutrition Team:  
Email: [DPIFNS@dpi.wi.gov](mailto:DPIFNS@dpi.wi.gov)

Questions regarding a student's eligibility should be directed to your local Food Share or W-2  
Agency.

## **Direct Certification Eligibility Codes**

**Y** = Eligible student – student (and any additional children in the household) is eligible for free meals.

**B** = Student cannot be certified because the date-of-birth on file at the school does not match the date-of-birth listed in the state's database for these individuals. The school should contact the parent/guardian to ensure that the date-of-birth on file at the school is accurate. If the school has the correct date-of-birth, then the household should contact its case worker in an attempt to get the date-of-birth corrected in the state's database.

**F** = Student cannot be certified because the first name on file at the school does not match the first name listed in the state's database for these individuals. The school should contact the parent/guardian to ensure that the spelling of the first name on file at the school is accurate. If the school has the correct spelling of the first name, then the household should contact its case worker in an attempt to get the spelling of the first name corrected in the state's database.

**L** = Student cannot be certified because the last name on file at the school does not match the last name listed in the state's database for these individuals. The school should contact the parent/guardian to ensure that the spelling of the last name on file at the school is accurate. If the school has the correct spelling of the last name, then the household should contact its case worker in an attempt to get the spelling of the last name corrected in the state's database.

**N** = Student cannot be certified because they are not currently receiving FoodShare or W-2 cash benefits, or because they are unknown to the state's database (meaning the household has never applied for FoodShare or W-2 cash benefits).

**If you have questions regarding student eligibility, please contact a member of the DPI-School Nutrition Team by contacting Rek Kwawer at 608-267-9228 or [rek.kwawer@dpi.wi.gov](mailto:rek.kwawer@dpi.wi.gov).**

# Handout 7

## NOTICE OF DIRECT CERTIFICATION

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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 FoodShare or W-2 Cash Benefits.

Name of Child	Name of School

If there are other children in your household who aren't listed above, *they also qualify for free meals.*

Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school
- You do not want your children to have free meals
- You have any additional questions

[name]  
[phone number]  
[e-mail address]

Sincerely,

[signature]

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If you do not want your child to receive these meal benefits, please fill out, detach, and return the statement below to this office.

-----  
Date: \_\_\_\_\_

I do not want my child \_\_\_\_\_ to receive free meals.  
(Child's Name)

Signature of Parent or Guardian \_\_\_\_\_

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**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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**Free and Reduced Price School Meal Application**

Notice of Direct Certification

School Year 2011-2012

Page 1 of 1



# Handout 8

Complete Application - FoodShare/W-2/FDPIR

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**PART 1. ALL HOUSEHOLD MEMBERS**

Names of all people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade	Check if a foster child (legal responsibility of welfare agency or court) If all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO Income
			<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 2. BENEFITS**

If any member of your household receives FoodShare, FDPIR or W-2 Cash Benefits, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, go to Part 4.

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS**

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  MIGRANT  RUNAWAY

**PART 4. TOTAL HOUSEHOLD INCOME** (Include all income less 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 provided a case number in Part 2, you do not need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (Indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(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"/>	\$50 / quarterly
\$		<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"/>	\$ /
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**PART 5. SIGNATURE AND LAST FOUR DIGITS OF 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 the last four digits of his or her Social Security Number or write "none" if you do not have a Social Security Number. (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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Last four digits of Social Security Number (write "None" if you do not have a Social Security Number): \_\_\_\_\_



**Complete Application - Homeless/Migrant/Runaway**

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**PART 1. ALL HOUSEHOLD MEMBERS**

Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends or indicate "NA" if household member is not in school	Grade	Check if a foster child (legal responsibility of welfare agency or court) if all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
			<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 2. BENEFITS**

If any member of your household receives FoodShare, FDPIR or W-2 Cash Benefits, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, go to Part 3.

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS**

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  MIGRANT  RUNAWAY

**PART 4. 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 provided a case number in Part 2, you do not need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, allmomy	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (Indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(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"/>	\$50 / quarterly
	\$	<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 5. SIGNATURE AND LAST FOUR DIGITS OF 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 the last four digits of his or her Social Security Number or write "none" if you do not have a Social Security Number. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and correct. I understand that the school will get Federal funds based on the information I provide and 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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Last four digits of Social Security Number: (Write "None" if you do not have a Social Security Number) \* \* \* \* \*

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

*Choose one ethnicity:*

- Hispanic/Latino
- Not Hispanic/Latino

*Choose one or more (regardless of ethnicity):*

- Asian
- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

**Complete Application – Foster Child**

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade	Check if a foster child (legal responsibility of welfare agency or court) all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
			<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 2. BENEFITS**

If any member of your household receives FoodShare, FDPIR or W-2 Cash Benefits, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, go to Part 3.

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS**

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  MIGRANT  RUNAWAY

**PART 4. 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 provided a case number in Part 2, you do not need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (Indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(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"/>	\$50 / quarterly
	\$	<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"/>	\$ /
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	\$	<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"/>	\$ /

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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 school benefits, and I may be prosecuted.

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

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

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

Last four digits of Social Security Number (Write "None" if you do not have a Social Security Number): \* \* \* \* \*

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

*Choose one ethnicity:*

- Hispanic/Latino
- Not Hispanic/Latino

*Choose one or more (regardless of ethnicity):*

- Asian
- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS				
Name of all people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade	Check if a foster child (legal responsibility of welfare agency or court). If all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
			<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 2. BENEFITS**

If **any** member of your household receives FoodShare, FDPIR or W-2 Cash Benefits, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, go to Part 3.

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS**

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  MIGRANT  RUNAWAY

**PART 4. 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 provided a case number in Part 2, you do **not** need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, allimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (Indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(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"/>	\$50 / quarterly
\$		<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"/>	\$ /
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\$		<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 5. SIGNATURE AND LAST FOUR DIGITS OF 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 the last four digits of his or her Social Security Number or write "none" if you do not have a Social Security Number. (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 purposefully give false information, my children may lose meal benefits, and I may be prosecuted.

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

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

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

Last four digits of Social Security Number (Write "None" if you do not have a Social Security Number): \* \* \* - \* \* - \_\_\_\_\_

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

*Choose one ethnicity:*

- Hispanic/Latino
- Not Hispanic/Latino

*Choose one or more (regardless of ethnicity):*

- Asian
- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

# Handout 9

## EXTENDING CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN IN A HOUSEHOLD

This information supersedes current policy found in the *USDA Eligibility Manual for School Meals*. Please place this document in your *Eligibility Manual* until USDA issues manual updates.

### USDA Policy Memorandum - SP 38-2009 (August 27, 2009)

In an effort to increase access to the child nutrition programs and to simplify the eligibility process beginning in School Year (SY) 2009-2010, any child *directly certified* under the FoodShare or Wisconsin Works (W-2) Cash Benefits Programs, or with an *application* that lists a case number from anyone in the household can extend free meals or free milk to **all children** in a household.

### USDA Policy Memorandum - SP 25-2010 (May 3, 2010)

This policy serves as clarification of Policy SP-38, and does not make any changes to the definition of *family or household*, which is a group of related or unrelated individuals living together as an economic unit. The child receiving FoodShare, Food Distribution Program on Indian Reservations (FDPIR), or W-2 cash benefits may only extend free meals/milk eligibility to other children in the same economic unit.

#### I. DETERMINING ELIGIBILITY

1. If a Local Education Agency (LEA) receives an application listing at least one FoodShare, W-2 cash benefits or FDPIR case number for any member of the household, the LEA must certify all children listed on the application as automatically eligible for free meals.

If the only person in the household with a FoodShare, W-2 cash benefits or FDPIR case number is an adult, the adult's eligibility extends to all children in the household.

2. Free meals or free milk are also extended to all children in a household if only one child is directly certified. The 2010-2011 SY notification letter provided to families indicates that a child has been directly certified. It now contains information on how the household can report any additional children in the household who are not listed on the notice.

Later in the school year, if the LEA learns there are additional children in the family not receiving free meal benefits, the benefits begin on the date these children are certified as eligible. Benefits are not retroactive.

#### II. DETERMINING AND DOCUMENTING ADDITIONAL HOUSEHOLD MEMBERS

The following is a list of acceptable documents which extends free meals or free milk to additional household members:

1. School meal applications with at least one case number.
2. An adult household member attests to the household composition by listing all members of the household and then signing the attesting statement on Part 5 of the Free and Reduced Price Meals/Milk Application.
3. Household composition data available from the school district *enrollment records* identifying all children in the household.
4. Custody agreements.
5. Information provided by state FoodShare/W-2 office.
6. Information from school officials such as principals and teachers.
7. Software has the capability to match addresses, provided only one household resides at that address.

### **III. EXTENDING AND DOCUMENTING EXTENDED ELIGIBILITY**

1. If a child is determined eligible for free meals or milk because **he/she receives** FoodShare or W-2 cash benefits, and the child's parents have *shared physical custody* during a certification period, the child continues to receive free meal or milk benefits and eligibility IS EXTENDED to all other children living in the second household.

Free meal or milk eligibility is NOT EXTENDED to any children in the second household if the child moving between the households was not determined eligible for free meals or free milk based on **his/her own** receipt of FoodShare or W-2 cash benefits.

2. If a child who is determined eligible for free meals because he/she is a member of a household with someone else directly certified or having a FoodShare, FDPIR, or a W-2 cash benefits case number, and the child moves to another household during the certification period, his/her eligibility continues, but DOES NOT EXTEND to others in the second household. Because eligibility cannot be extended **by this child**, the LEA must note using one of the methods outlined above in Part III to document the extended eligibility **for that child** when adding the child to the NEW household, but not extending to other household members.
3. LEAs must have some record of the basis of eligibility in the event a child moves to another household, e.g. if only one child was identified through direct certification and the LEA was not able to identify any other school-aged children.

If eligibility is extended to additional household members at the request of the household and there is no application on file, an adult household member must attest to the household composition by listing all members of the household and then signing the attesting statement on Part 5 of the Free and Reduced Price Meals/Milk Application.

If an application or school records are used to extend eligibility, the LEA must indicate on the application, roster, or other records which children are eligible based on extended eligibility.

Name, Address, and

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20

OMB No. 1545-0074

Your social security number

Spouse's social security number

Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

You Spouse

with qualifying person). (See Instructions.) If is a child but not your dependent, enter this

with dependent child

Boxes checked on 6a and 6b

No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see Instructions)

Dependents on 6c not entered above

Add numbers on lines above

This is only an example of the lines to be used for determining annual Business or Farming income. Other income lines may also be used for other income depending on the household circumstances. Wages and other income should always be reported in current amounts unless the current amount is not typical.

Note that the "Adjusted Gross Income" IS NOT to be used because there may have been income deducted that USDA does not allow deducted for the Child Nutrition Programs. A business or farming loss becomes "0" and is not deducted from other income.

If more than four dependents, see Instructions and check here

Table with 4 columns and 4 rows for dependent information.

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Main income table with lines 7 through 22.

Adjusted Gross Income

Adjusted Gross Income table with lines 23 through 37.

USE

USE

DO NOT USE



**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. 09

Department of the Treasury  
Internal Revenue Service (99)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.  
Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

Name of proprietor \_\_\_\_\_ Social security number (SSN) \_\_\_\_\_

**A** Principal business or profession, including product or service (see instructions) \_\_\_\_\_

**B** Enter code from pages C-9, 10, & 11 \_\_\_\_\_

**C** Business name. If no separate business name, leave blank. \_\_\_\_\_

**D** Employer ID number (EIN), if any \_\_\_\_\_

**E** Business address (including suite or room no.) \_\_\_\_\_  
City, town or post office, state, and ZIP code \_\_\_\_\_

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

**G** Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses  Yes  No

**H** If you started or acquired this business during 2010, check here

**Part I Income**

**1** Gross receipts or sales. **Caution.** See Instructions and check the box if:

- This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.

**2** Returns and allowances \_\_\_\_\_

**3** Subtract line 2 from line 1 \_\_\_\_\_

**4** Cost of goods sold (from line 42 on page 2) \_\_\_\_\_

**5** **Gross profit.** Subtract line 4 from line 3 \_\_\_\_\_

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see Instructions) \_\_\_\_\_

**7** **Gross income.** Add lines 5 and 6 \_\_\_\_\_

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising _____	<b>8</b> _____	<b>18</b> Office expense _____	<b>18</b> _____
<b>9</b> Car and truck expenses (see instructions) _____	<b>9</b> _____	<b>19</b> Pension and profit-sharing plans _____	<b>19</b> _____
<b>10</b> Commissions and fees _____	<b>10</b> _____	<b>20</b> Rent or lease (see instructions):	<b>20</b> _____
<b>11</b> Contract labor (see instructions) _____	<b>11</b> _____	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b> _____
<b>12</b> Depletion _____	<b>12</b> _____	<b>b</b> Other business property _____	<b>20b</b> _____
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) _____	<b>13</b> _____	<b>21</b> Repairs and maintenance _____	<b>21</b> _____
<b>14</b> Employee benefit programs (other than on line 19) _____	<b>14</b> _____	<b>22</b> Supplies (not included in Part III) _____	<b>22</b> _____
<b>15</b> Insurance (other than health) _____	<b>15</b> _____	<b>23</b> Taxes and licenses _____	<b>23</b> _____
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:	
<b>a</b> Mortgage (paid to banks, etc.) _____	<b>16a</b> _____	<b>a</b> Travel _____	<b>24a</b> _____
<b>b</b> Other _____	<b>16b</b> _____	<b>b</b> Deductible meals and entertainment (see instructions) _____	<b>24b</b> _____
<b>17</b> Legal and professional services _____	<b>17</b> _____	<b>25</b> Utilities _____	<b>25</b> _____
		<b>26</b> Wages (less employment credits) _____	<b>26</b> _____
		<b>27</b> Other expenses (from line 48 on page 2) _____	<b>27</b> _____

**28** **Total expenses** before expenses for business use of home. Add lines 8 through 27 \_\_\_\_\_

**29** Tentative profit or (loss). Subtract line 28 from line 7 \_\_\_\_\_

**30** Expenses for business use of your home. Attach Form 8829 \_\_\_\_\_

**31** **Net profit or (loss).** Subtract line 30 from line 29.

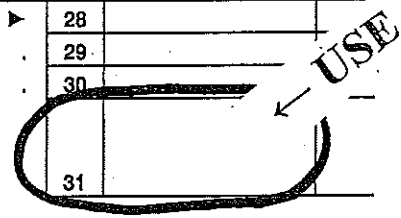
- If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you **must** go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you **must** attach Form 6198. Your loss may be limited.

**32a**  All investment is at risk.

**32b**  Some investment is not at risk.





**SCHEDULE F  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Farming**

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.  
▶ See instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2010**

Attachment  
Sequence No. 14

Name of proprietor: \_\_\_\_\_ Social security number (SSN) \_\_\_\_\_

A Principal product. Describe in one or two words your principal crop or activity for the current tax year. \_\_\_\_\_

**B Enter code from Part IV**  
▶ | | | | | | | |

C Accounting method: (1)  Cash (2)  Accrual

**D Employer ID number (EIN), if any**  
| | | | | | | |

E Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on passive losses.  Yes  No

**Part I Farm Income—Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

1	Sales of livestock and other items you bought for resale	1					
2	Cost or other basis of livestock and other items reported on line 1	2					
3	Subtract line 2 from line 1					3	
4	Sales of livestock, produce, grains, and other products you raised					4	
5a	Cooperative distributions (Form(s) 1099-PATR)	5a			5b	Taxable amount	5b
6a	Agricultural program payments (see instructions)	6a			6b	Taxable amount	6b
7	Commodity Credit Corporation (CCC) loans (see instructions):						
a	CCC loans reported under election					7a	
b	CCC loans forfeited	7b			7c	Taxable amount	7c
8	Crop insurance proceeds and federal crop disaster payments (see instructions):						
a	Amount received in 2010	8a			8b	Taxable amount	8b
c	If election to defer to 2011 is attached, check here <input type="checkbox"/>				8d	Amount deferred from 2009	8d
9	Custom hire (machine work) income					9	
10	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)					10	
11	Gross income. Add amounts in the right column for lines 3 through 10. If you use the accrual method to figure your income, enter the amount from Part III, line 51					11	

**Part II Farm Expenses—Cash and Accrual Method.** Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

12	Car and truck expenses (see instructions). Also attach Form 4562	12			25	Pension and profit-sharing plans	25
13	Chemicals	13			26	Rent or lease (see instructions):	
14	Conservation expenses (see instructions)	14			a	Vehicles, machinery, and equipment	26a
15	Custom hire (machine work)	15			b	Other (land, animals, etc.)	26b
16	Depreciation and section 179 expense deduction not claimed elsewhere (see instructions)	16			27	Repairs and maintenance	27
17	Employee benefit programs other than on line 25	17			28	Seeds and plants	28
18	Feed	18			29	Storage and warehousing	29
19	Fertilizers and lime	19			30	Supplies	30
20	Freight and trucking	20			31	Taxes	31
21	Gasoline, fuel, and oil	21			32	Utilities	32
22	Insurance (other than health)	22			33	Veterinary, breeding, and medicine	33
23	Interest:				34	Other expenses (specify):	
a	Mortgage (paid to banks, etc.)	23a			a	-----	34a
b	Other	23b			b	-----	34b
24	Labor hired (less employment credits)	24			c	-----	34c
					d	-----	34d
					e	-----	34e
					f	-----	34f

35 Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions

36 Net farm profit or (loss). Subtract line 35 from line 11. Partnerships, see instructions.

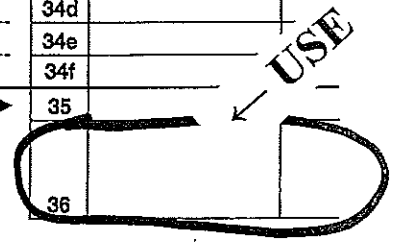
- If a profit, enter the profit on both Form 1040, line 18, and Schedule SE, line 1a; on Form 1040NR, line 19; or on Form 1041, line 6.
- If a loss, you must go to line 37.

37 If you have a loss, you must check the box that describes your investment in this activity and whether you received any applicable subsidy (see instructions).

- If you checked 37a, enter the loss on both Form 1040, line 18, and Schedule SE, line 1a; on Form 1040NR, line 19; or on Form 1041, line 6.
- If you checked 37b, your loss may be limited. See instructions.

37a  All investment is at risk and you did not receive a subsidy.

37b  Some investment is not at risk or you received a subsidy.





# Handout 11

## 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
- Approved for **temporary** free \_\_\_\_\_ or reduced-price \_\_\_\_\_ meal benefits only until [insert date]. A follow-up contact will be made on/before the date listed to determine whether household circumstances support continuing these benefits.
- Approved for free milk for split - session kindergarten or pre - kindergarten students (Special Milk Program)
- Approved for free milk at milk break for pre - kindergarten through grade 5 (Wisconsin School Day Milk Program)
- 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



# Handout 12

## Example Benefit Issuance List

<u>Student Name</u>	<u>Free/Reduced</u>	<u>Date of Approval</u>	<u>Notes</u>
Apple, Kandi	R	8/29/2007	
Baum, Adam	F	3/20/2008	Withdrew 3/25/2008 - moved
Case, Justin	F	2/21/2008	
Clare, Heidi	R	8/6/2007	
Clyde, Bonnie Ann	F	8/29/2007	Withdrew 1/6/2008 - transferred
Dover, Skip	R	9/2/2007	
Hole, Doug	F	9/20/2007	
King, Jo	R	8/29/2007	
Knight, Dan Saul	R	8/29/2007	
Loney, Bill	F	7/2/2007	Direct Certification
Major, Dee	F	8/29/2007	
Poole, Jean	F	8/6/2007	Changed from reduced status 11/15/07
Rhodes, Dusty	F	8/6/2007	
Schauer, April	F	1/15/2008	Temporary status (no income), followed up with family 3/1/2008 to check status
Wright, Eaton	F	8/6/2007	No Show



# Handout 13

## Wisconsin Department of Public Instruction - Calendar of School Nutrition Program Requirements

To insure program compliance please distribute a copy of this calendar to each of the staff responsible for completing the following tasks related to the NSLP/SBP operation. All required program related materials must be retained by the School Food Authority (SFA) for 3 prior school years plus the current year of operation for audit compliance.

Information	Due Date	Submit to DPI/File at SFA
<b>Public Release for Free and Reduced Price Meals/Free Milk</b> (prototype available on DPI website)	Send to media and community agencies who work with low-income families prior to the beginning of each school year	<b>File at SFA</b> copy of <u>materials sent</u> (Required to send to media, not required to pay to publish.)
<b>Applications for Free and Reduced Price Meals/Free Milk/Direct Certification/Homeless &amp; Migrant Status (if applicable)</b>  (Updated prototype posted each year at <a href="http://dpi.wi.gov/fns/fincou1.html">http://dpi.wi.gov/fns/fincou1.html</a> )	Distribute to all households at beginning of each school year <b>after July 1 but within 4 weeks of start of school</b> . Process within 10 school days after date of receipt. Obtain direct certification match at least once each school year and send notification households with students who are categorically eligible for free meals.	<b>File at SFA:</b> Approved & denied applications, all direct certification lists, list of students designated as homeless by public school district's liaison, and list of students designated as migrant by migrant coordinator (if applicable)
<b>Annual School Nutrition Contract Renewal</b> (The "end date" for programs submitted on contract must include summer school dates, if any.)	<b>June 1 of each year</b> Must be updated for each school year. Actual <u>approval</u> of contracts will not begin until after DPI system roll-over in July.	<b>Submit to DPI</b> annually & update during the year via on-line services; refer to on-line manual
<b>Food Service Management Company Contract – New and/or Renewal</b>	<b>June 30 of each year; DPI must approve before on-line contract approval</b>	<b>Mail or fax to DPI</b> completed & signed document for review & approval
<b>Annual Financial Report Side 2 of PI-1409 – Section 5</b>	<b>August 31</b> (For prior school year) The October lunch claim may not be entered on-line until the Annual Financial Report data is submitted	<b>Submit to DPI</b> via on-line services
<b>Wisconsin School Day Milk Program (WSDMP) Claim</b> (complete annually)	<b>August 31</b> (For prior school year) The October lunch claim may not be entered on-line until the WSDMP claim is submitted	<b>Submit to DPI</b> via on-line services
<b>Elderly Nutrition Improvement Program (EN) Claim – Side 2 of PI-1409</b> (complete annually)	<b>August 31</b> (For prior school year) The October lunch claim may not be entered on-line until the EN claim is submitted	<b>Submit to DPI</b> via on-line services
<b>Federal October Data (FNS 10)</b> (Enrollment and approved free and reduced students as of the last operating day of October)	<b>November 1</b> – The October lunch claim may not be entered on-line until the FNS 10 data is submitted	<b>Submit to DPI</b> via on-line services
<b>Civil Rights Compliance Self Evaluation Form (PI-1441)</b>	<b>Complete on/before October 31 based on one day of student enrollment</b> Download from website at: <a href="http://dpi.wi.gov/forms/doc/f1441.doc">http://dpi.wi.gov/forms/doc/f1441.doc</a>	<b>File at SFA</b>
<b>Eligibility Verification Process</b> (must be done annually based on new applications approved by/on <b>October 1</b> )	Verification Process should be completed by <b>November 15</b> (Submit Eligibility Verification Summary Report on-line as noted below.)	<b>File at SFA</b> all verification materials and results
<b>Eligibility Verification Summary Report</b> Instructions available on-line from DPI <i>Contact DPI in writing if extension of submission date is needed.</i>	<b>November 15 - The Agency will be in withholding after this date until the report is submitted. Claims cannot be entered on-line or paid until the Verification Summary Report is submitted.</b>	<b>Submit to DPI</b> annually between Nov. 1-15 via on-line services; <b>File paper copy at SFA.</b>
<b>On-site Monitoring Documentation</b> (Required <u>only</u> if there is more than one school /meal service site in the SFA as designated on contract with DPI)	Complete monitoring visits & document results including any follow up for all sites by <b>February 1</b> annually. Download Prototype on-site monitoring documentation form is posted at: <a href="http://dpi.wi.gov/fns/doc/on_site_monitr_form03_06.doc">http://dpi.wi.gov/fns/doc/on_site_monitr_form03_06.doc</a>	<b>File at SFA</b> completed forms – if required (Download from Documents and Forms website)
<b>Daily Participation Record/Edit Check</b>	Obtain daily counts and consolidate prior to submitting monthly claims	<b>File at SFA</b> with monthly claim materials
<b>Menu Production Records - Records</b> are required by USDA, but no required standardized format. Prototype of forms and supporting materials from DPI School Nutrition Team are on DPI website	Record Daily; Documentation to show what is prepared and served for each meal program (daily production plans, standardized recipes, Child Nutrition Labels or Product Specifications for food-based menu systems)	<b>File at SFA.</b> Required to keep for 3 prior school years plus the current school year.

Information	Due Date	Submit to DPI/File at SFA
<b>Meal Reimbursement Claim</b>	Submit on-line by 15 <sup>th</sup> of the following month <b>Claim cannot be paid if submitted more than 60 calendar days</b> following the end of claim month. (One exception may be allowed per program every three years.) See chart on next page for deadlines.	<b>Submit to DPI via internet</b> <b>NOTE: Only June claim may be submitted after last meal serving day during the claim month</b>

### **60 Calendar Day Cut-off Deadlines for Submitting Claims for Reimbursement**

Claims for reimbursement for meals/milk served under the National School Lunch Program (NSLP), School Breakfast Program (SBP), After School Care Snacks, and Special Milk Program (SMP) must be submitted to DPI on-line for payment within **60 calendar days after the end of the claiming period.** The following chart gives that deadline date for each monthly claim period.

Claiming Month	Last Day for Receipt/Postmark of Claim
January	April 1 (March 31 on leap years)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (February 29 on leap years)

**Claims for Reimbursement** cannot be submitted during the claim month of operation. **The only exception is the June claim which can be submitted in June after the end of meal service.**

Claims for two months cannot be submitted at the same time. One claim must be approved for payment before a second claim can be submitted (usually about one week).

### **Commodity Distribution Program**

Information	DUE DATE	Submit to DPI/File at SFA
<b>Annual Commodity Order Survey</b> (order commodities for the entire upcoming school year)	December 20 – January 21	<b>Submit to DPI annually via</b> <a href="http://www3.dpi.wi.gov/fdpprod/login.aspx">http://www3.dpi.wi.gov/fdpprod/login.aspx</a>
<b>Commodity Fair Share/Bonus Surplus Order</b>	Offered monthly pending availability	<b>Submit to DPI monthly to via on-line services</b>
<b>Commodity Invoice for Total Fees Due</b> Fees <u>deducted</u> from monthly reimbursement claims	Available monthly on – line	<b>File at SFA</b>

July 2010

Wisconsin Department of Public Instruction Child Nutrition Program website is located at: <http://www.dpi.wi.gov/fns/>

"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, DC 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TTY).