

INSTRUCTIONS: GENERAL INSTRUCTION

- Submit two complete copies each with **original** signatures.
- All documents and copies must have **original** signatures.
- Deadline: **JULY 1, 2002** - Return all completed documents to:

Virginia Department of Education
School Nutrition Programs
Post Office Box 2120
Richmond, VA 23218-2120

PAGE 1-5 – LETTER OF AGREEMENT

1. Type in School Division name in two spaces on page 1.
2. Read carefully the content of pages 1-5.
3. Page 5 must have an **original** superintendent's signature - **STAMP SIGNATURE IS NOT ACCEPTABLE.**

ATTACHMENT A – DESIGNATION OF OFFICIALS

Carefully review this form and fill in the BLANKS. (This establishes the responsibility for the individuals designated as the Hearing, Determining, and Verifying Official)

NOTE: Hearing Official cannot be the same person as the Determining or Verifying Official.

ATTACHMENT A 1-AMENDMENT TO DESIGNATION OF OFFICIALS

ONLY USE THIS FORM WHEN THERE IS A **CHANGE** IN HEARING, ELIGIBILITY DETERMINATION, AND/OR VERIFYING OFFICIAL (S)

Do not submit this form with the Policy Statement.

ATTACHMENT B – INCOME ELIGIBILITY GUIDELINES

INCOME CHART - No instructions required. Use to replace previous year's income guidelines. Make sure all computer application software is updated using the new scale.

ATTACHMENTS C1 & C2 – LETTERS TO HOUSEHOLDS

Submit one letter only. If you **do not use direct certification** use attachment C1. If you use direct certification and applications use attachment C2.

Changes have been made to the following

1. Income Chart

Fill in the blanks with

- a.) School Division Name
- b.) Lunch price for full price meals
- c.) Breakfast price for full price meals
- d.) Lunch price for reduced price meals
- e.) Breakfast price for reduced price meals
- f.) Name and address of Hearing Official
- g.) Type in the name and telephone number of the person who signed the letters.

ATTACHMENT D – MEAL APPLICATIONS

Section 6 – Other Benefits

6a) Medicaid and Health Insurance –THIS SECTION MUST BE ON THE APPLICATION. IT IS NOT OPTIONAL. The law now allows the school division to share a student's free or reduced price meal eligibility information with Medicaid and the Virginia children's health insurance program. (See DOE Superintendent's Regulatory Memo No. 3, dated June 1, 2001) Parents must be given the opportunity to decline having their information shared.

6b) Others: Parental consent is still required for the disclosure of a student's eligibility information to any individual or program not specifically authorized under the National School Lunch Act (NSLA) as outlined by DOE State Policy in Regulatory Superintendent's Memo No. 3, June 1, 2001. For example, local school level activities that wish to use a student's eligibility as the basis of determining services or to waive fees associated with things such as textbooks, field trips, athletic events, or fees for summer school or any similar purpose.

To obtain parental consent, you may write in specific programs in the spaces provided on the application.

NOTE: If you do not use this section either delete it from the application or write "N/A" in each blank space.

ATTACHMENT - E1 – NOTIFICATION OF ELIGIBILITY (for applications)
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This letter is used for APPLICATION NOTIFICATION, **NOT** DIRECT CERTIFICATION

ATTACHMENT - E2 – NOTIFICATION OF ELIGIBILITY
BY DIRECT CERTIFICATION

Used for Direct Certification Notification

Other Benefits paragraph has been added to this letter.

ATTACHMENTS F-1 and F-2 and F-3– NEWS RELEASE

This year, there are three Attachments for this section. Prepare News Release that will be distributed.

- F-1 Use if you **do not use** Direct Certification
- F-2 Use this one only if you use Direct Certification
- F-3 List the groups or individuals to whom this release will be sent

Fill in the blanks with appropriate names.

ATTACHMENT G1 and G2 – COLLECTION PROCEDURES

- This must be specific to your division.
- It may include different methods of collection for different schools or programs within a school.
- Procedures must reflect good accountability controls.
- Be as detailed as possible.
- The written procedure must match the actual practice.
- Include **original** tickets and sample rosters that have been completed.

ATTACHMENT H – DIRECT CERTIFICATION

- Provide a detailed description and procedures used in completing Direct Certification.
- Make sure superintendent's signature is ORIGINAL ON TWO COPIES.
- Check which format you want to receive the DATA by checking the appropriate block at the bottom of the page.

ATTACHMENT I– MOU (Memorandum of Understanding)

- Follow the procedures outlined in REG. SUPTS. MEMO NO. 3 dated June 1, 2001, when an office/agency/program (Federal Education, State Education, State Health) requests the release of student meal eligibility status.