

# Free and Reduced Price School Meals Application

## 2025-26 School Year

*Who can apply?* Children that meet the federal income guidelines are eligible for free or reduced meals and you can apply anytime during the school year. The benefits you are approved for are effective for the school year if there are no changes in your circumstances.

Please be sure to read the instructions before completing the application. If you have any questions or concerns about the Free and Reduced Meal Program, please call the District Office at (631) 474-2700 ext. 753.

Applications can be mailed or delivered to:

Miller Place School District  
Attn: Food Service Coordinator  
7 Memorial Drive  
Miller Place, N.Y. 11764

or

Deliver to your child's school

Please note: If you were approved for free or reduced meals in the 2024-25 school year, your eligibility will remain in effect until **October 21, 2025**. You must send in a new application each year to determine your eligibility for the program.

Please follow the instructions enclosed or you can get a Direct Certification Letter from New York State Office of Temporary and Disability Assistance.

**Participation in this program is strictly confidential including your child's enrollment and eligibility. We encourage your child's participation in the program.**

## Provision 2 Base Year Letter to Parents for School Meal Programs

Dear Parent/Guardian:

All children in the school will receive meals at no charge regardless of household income or completion of this form. However, families are strongly encouraged to complete and submit the Free and Reduced-Price application as this form is used to determine eligibility benefits for State and federal funding/programs.

Below are common questions and answers to help with the application process.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete one Application for all children in the household and return to: **Food Service Coordinator, Miller Place UFSD, 7 Memorial Drive, Miller Place, NY 11764 or call at (631) 474-2700 ext. 753.**
2. **WHO CAN QUALIFY FOR FEDERAL FREE MEAL BENEFITS?**
  - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF), are eligible for free meals. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member.
  - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals, regardless of income.
  - Children participating in their school's Head Start Program are eligible for free meals.
  - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Households with children who meet the definition of homeless, runaway or migrant should call or e-mail: **Ms. Sandra Wojnowski, Homeless Liaison or Migrant Coordinator, at (631) 474-2700 x 799 or swojnows@millerplace.k12.ny.us** to see if they qualify.
  - Children may receive free meals if your household's gross income is within the free or reduced-price limits on the Federal Income Eligibility Guidelines. Students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.
  - Your child(ren) meet the income criteria if the household income falls at or below the limits on this chart:

<b>2025-2026 Reduced Price Income Eligibility Guidelines</b>					
<b>Household Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	\$ 28,953	\$ 2,413	\$ 1,207	\$ 1,114	\$ 557
<b>2</b>	\$ 39,128	\$ 3,261	\$ 1,631	\$ 1,505	\$ 753
<b>3</b>	\$ 49,303	\$ 4,109	\$ 2,055	\$ 1,897	\$ 949
<b>4</b>	\$ 59,478	\$ 4,957	\$ 2,479	\$ 2,288	\$ 1,144
<b>5</b>	\$ 69,653	\$ 5,805	\$ 2,903	\$ 2,679	\$ 1,340
<b>6</b>	\$ 79,828	\$ 6,653	\$ 3,327	\$ 3,071	\$ 1,536
<b>7</b>	\$ 90,003	\$ 7,501	\$ 3,751	\$ 3,462	\$ 1,731
<b>8</b>	\$ 100,178	\$ 8,349	\$ 4,175	\$ 3,853	\$ 1,927
<b>Each Add'l person, add</b>	\$ 10,175	\$ 848	\$ 424	\$ 392	\$ 196

3. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at **(631) 474-2700 ext. 753** if you have questions.
4. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes, Your child's application is only good for that school year and carried over for the first 30 operating days of this school year (or until a new eligibility determination is made, whichever comes first).
5. **I GET WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS. CAN MY CHILD(REN) GET FREE MEALS?** All children in schools participating in the Universal Free Meals program receive meals at no charge, however, households participating in WIC may be free or reduced-price eligible benefits. Please fill out an Application for Free and Reduced-Price School Meals/Milk.
6. **WILL THE INFORMATION I GIVE BE CHECKED?** Schools are required to conduct verification of a sample of submitted applications. If your application is selected then written proof of the household income is required.
7. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed or who experiences financial hardship mid-year may become eligible for free and reduced-price eligible benefits if the household income drops below the income limit.

8. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. **You also may ask for a hearing by calling or writing to: Ms. Colleen Card, School Business Official, Miller Place UFSD, 7 Memorial Drive, Miller Place, NY 11764 or by phone: (631) 474-2700 or by email: ccard@millerplace.k12.ny.us.**
9. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your child(ren), or other household members do not have to be U.S. citizens to qualify for free or reduced-price eligible benefits.
10. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
11. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
13. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

**How to Apply:** Complete one Application for Free and Reduced-Price School Meals/Milk, following the instructions on the form, for your household and **return it to the designated office listed on the application.** All household members and children should be listed on one application.

- If you receive SNAP or TANF benefits or participate in the FDPIR, the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member.
  - Contact your local Department of Social Services for your SNAP or TANF case number, if necessary.
  - No application is necessary if the household was notified by the School Food Authority that their children have been directly certified based on Assistance Program participation. If the household is not sure if their children have been directly certified, the household should contact the school.
- If you do not list a SNAP, TANF or FDPIR case number for any household member, the application must include the names of everyone in the household, the amount of income for each household member, how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number or check the box if the adult does not have a social security number.
- **An application for free and reduced-price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions.** We will let you know when your application is approved or denied.

**Reporting Changes:** The benefits that you are approved for at the time of application are effective for the entire school year.

**Meal Service to Children with Disabilities:** Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare professional or Registered Dietitian. **If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical statement must contain.**

**Confidentiality:** The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal,

State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA. **The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.**

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, disability or limited English proficiency.

**If you have other questions or need help, call Ms. Cathy Schretzmayer, Food Service Coordinator at (631) 474-2700 ext.753.**

Thank you,  
Food Service Coordinator

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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, audiotape, 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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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Date Withdrew \_\_\_\_\_

F \_\_\_\_\_ R \_\_\_\_\_ D \_\_\_\_\_

### 2025-2026 Application for Free and Reduced-Price School Meals/Milk

Schools are required to establish free and reduced-price eligibility while offering meals at no-charge. Please complete the free and reduced-price meals application for your child(ren), then sign and **return it to the address listed below**. Call **(631) 474-2700 ext. 753**, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **Miller Place UFSD – Food Service**  
**7 Memorial Drive**  
**Miller Place, New York 11764**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, 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"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

\*Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS#

\* When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

#### DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**

Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_

Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced-price eligibility, complete only **one** application for your household using the instructions below. Sign the application and return the application to Miller Place UFSD, Food Service Coordinator, 7 Memorial Drive, Miller Place, NY 11764. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: (631) 474-2700 ext. 753. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (school staff will confirm this eligibility).

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**PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

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**PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) **An adult household member must sign the application in PART 4.**

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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, 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 primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

### DISCRIMINATION COMPLAINTS

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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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## FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

**SNAP/TANF/FDPIR case number:** This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

**Foster Child:** A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

**Household:** A group of related or non-related people who are living in one house and share income and expenses.

**Adult Family Members:** All related and non-related people who are 21 years of age and older living in your house.

**Financially Independent:** A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

**Current Gross Income:** Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

**Examples of gross income are:**

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

**Name: Cathy Schretzmayer, Food Service Coordinator**

**Telephone Number: (631) 474-2700 ext. 753**

**PARENT/GUARDIAN CONSENT TO RELEASE ELIGIBILITY INFORMATION  
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

July 1, 2025

Dear Parent/Guardian:

If your child is eligible for federal free and reduced-price meals or free milk, he/she also may be eligible for other benefits. To receive these benefits, you must provide written consent to permit school officials to give your name, address, and an indication that your household is eligible for federal free and reduced-price meals or free milk, to representatives of certain programs. **Failure to sign a consent statement that will allow disclosure of this information will not affect your child's eligibility or participation in the school meals or milk programs.**

Some of the programs that may request names and eligibility information to be used to provide benefits, and for which parent/guardian consent is required, include: federal health insurance programs such as Medicaid or Children's Health Insurance Program (CHIP), other federal programs, State programs, local health and education programs and other local activities. For example, the disclosure of children's eligibility for free and reduced-price meals or free milk to determine eligibility for free textbooks, free band instruments, holiday baskets, school supplies, etc., or reduced fees for summer school or driver education programs, would require written consent by the child's parent/guardian.

If you wish to provide consent to release information contained in your child's federal free and reduced-price application, to receive other benefits, please complete the attached consent statement.

Please call Ms. Cathy Schretzmayer at (631) 474 – 2700 ext. 753 if you have questions.

Sincerely,  
Food Service Coordinator

Enclosure (consent statement)

**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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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## CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION (single programs)

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following program. I understand that the information will only be provided to this program.

Name of Program: Miller Place Union Free School District

I understand that I will be releasing information that will show my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named program only.

Child/Children:

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I certify that I am the parent/guardian of the child/children for whom the free/reduced price application was made:

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

### **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, audiotape, 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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION (multiple programs)

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following programs. I understand that the information will only be provided to the program(s) checked.

(Check the box next to the program area(s) you wish to release information to)

- Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).
- State or federal programs such as the Youth Summer Work program or the Educational Talent Search Program.
- Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.
- Community programs such as holiday baskets, summer arts and playground programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named uses.

Child/Children:

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I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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**Board of Education**

**MEAL CHARGES**

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The District encourages families to prepay for meals to ensure that students have consistent access to healthy, reimbursable meals without accruing unpaid meal charges. The Board of Education recognizes that, on occasion, students may forget to bring meal money to school or may not have sufficient funds on their account to purchase a meal. The Miller Place UFSD provides this policy as a courtesy to those students in the event that they forget or lose their money. To ensure that students do not go hungry, the Board of Education allows students who may forget meal money to “charge” the cost of the meal to be paid back at a later date as outlined below.

Unpaid charges place a financial strain on food service programs. The District operates a self-sustaining food service program that does not receive general fund support for routine operations, and thus must generate funds through student and adult sales, ala carte sales and Federal/State reimbursement. Unpaid meal charges reduce program revenue which affects the program’s ability to pay program expenses. Uncollected charges may result in higher meal prices for all students.

The Food Service Program complies with state and federal guidelines by maintaining a system for accounting for full and reduced-price meal charges as follows:

1. The District allows only regular reimbursable meals to be charged to the student’s food service account. No à la carte items, snacks, beverages, or second entrees are allowed to be “charged” to the student’s food service account.
2. The District does not limit the number of meal charges.
3. The point-of-sale system will be utilized to record all regular meals charged as well as all payments collected. Charged meals must be counted and claimed for reimbursement on the day that the student received the meal. Charges paid back will be recorded as “charges paid”.
4. The parent or guardian shall be notified in writing that the student’s student account balance is exhausted and unpaid meal charges are due. The notification may include a repayment schedule but shall not charge any interest or fees in connection with meals charged.
5. Students shall not be denied a reimbursable meal, even if they have accrued a negative balance from other cafeteria purchases, unless a parent or guardian has provided written permission to the school to withhold a meal. No student with unpaid charges will be prohibited from purchasing a reimbursable meal if they have money that day. Charging of items outside of the reimbursable meals (e.g., à la carte items, adult meals, etc.) is expressly prohibited.
6. Parent/Guardian(s) will receive e-mail reminders regarding the unpaid balance until the unpaid balance is paid in full or the balance is considered uncollectable. If a sibling has money on account, this balance may be transferred to another sibling with an unpaid balance. The Food Service Department will notify the parent/guardian.
7. Written notification of unpaid meal charges over \$5.00 will be mailed home on a monthly basis to the parent/guardian. Additionally parents with unpaid charges will be sent a weekly balance update for their reference.
8. Students and parents are required to pay their outstanding food service charges before the end of the school year. All building principals, school counselors and related staff may be notified of the outstanding charges and assist families and food service as needed. If the District suspects that a student may be abusing meal charging privileges, the District may contact the student’s parent/guardian regarding the student’s meal

**Board of Education**

**MEAL CHARGES**

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charging. Written notice will subsequently be sent to the parent/guardian if the student continues to abuse this policy, that the privilege of charging meals will be rescinded.

9. The Food Service Coordinator is authorized to work with struggling families to establish payment plans to pay back negative balances.
10. If a student is without meal money on a consistent basis, the Administration will investigate the situation more closely and take further action as needed. If financial hardship exists, parents and families will be encouraged to apply for free or reduced-price lunches for their child, if applicable.
11. Meal charge information will be communicated to all households at the start of school each year and to new households transferring to the school during the school year. This policy shall be provided to all school staff responsible for enforcement of the meal charge policy.
12. The District does not and will never enter into the practice of “lunch shaming” which requires students to work off lunch balances or be served alternate meals. Students who cannot pay for a meal or who have unpaid meal debt shall not be publicly identified or stigmatized (including wristbands or hand stamps), required to do chores or work to pay for meals, or have meals thrown away after they have been served. District staff shall not discuss a student’s unpaid meal debt in front of other students. The District shall not take any action directed at a student to collect unpaid school meal fees. However, the District may discretely notify students of their account balances, and why certain items (e.g., à la carte, etc.) could not be provided with charged meals.

**Prepayment of Meals**

The District offers families the ability to prepay meals, snacks, and beverages with credit card, check, or cash. Funds should be maintained in accounts to minimize the possibility that a child may be without meal money on any given day. Families may register for a convenient on-line school meal account to see their child’s activity, set automatic reminders when prepaid account balances are getting low or if a student has charged meal and has a “charge” balance owed. This online account eliminates the need to rush checks or cash into the school food service program. The current online account program does not charge a fee to view your child’s activity or to set alerts but does charge a small fee for online credit card payments.

**Free and Reduced-Price Meals:**

Families may apply for free or reduced-price meals at **any** time during the school year. Free and Reduced-Price Meal Applications and student eligibility information is mailed to all families prior to the start of the school year. The applications are also available at the District Office, all school buildings, and the District website. For more information, please contact the Food Service Coordinator at the District Office for assistance. Additionally, a free and reduced-price meal application shall be included with every school enrollment packet.

**Prepaid Student Account Balances:**

All positive prepaid student account balances remaining at the end of the school year will automatically be carried into the next school year for students. When students leave the district or graduate, the District may transfer the funds to a siblings account and/or attempt to contact the parent/guardian to return remaining funds. The prepaid balances related to a free or reduced student will be returned to the student after the student leaves the District or graduates.. Families may also choose to donate balances to cover unpaid meal charges for needy families. Unclaimed funds remaining after 3 months will become the property of the Miller Place Food Service Program.

**Board of Education**

**MEAL CHARGES**

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**Staff Purchases**

Staff members are allowed to purchase food from the food service program. All staff purchases must be on a cash basis. Staff members are not allowed to charge meals to be repaid later.

***Reference:***

- Policy 5140 – Student Wellness
- Policy 5140.R – Student Wellness – Regulation
- Policy 5140.1.R – Student Wellness – Administrative Guidelines
- Policy 8500 – School Lunch and Breakfast Program
- 42 USC §1779 (Child Nutrition Act of 1966)
- 42 USC §§1758(f)(1); 1766(a) (National School Lunch Act)
- 2 CFR §200.426 (accounting for debt in federal programs)
- 7 CFR §§210.9 210.12; 210.19; 220.13; 245.5 (accounting in federal school meal programs)
- Healthy, Hunger-Free Kids Act (Public Law 111-296), §143
- USDA Report to Congress, *Review of Local Policies on Meal Charges and Provision of Alternate Meals*, June 2016
- USDA Memo SP 23-2017-Unpaid Meal Charges: Guidance and Q&A
- USDA Memo SP 57-2016-Unpaid Meal Charges: Guidance and Q&A
- USDA Memo SP 46-2016-Unpaid Meal Charges: Local Meal Charge Policies
- USDA Memo SP 47-2016-Unpaid Meal Charges: Clarification on Collection of Delinquent Meal Payments
- Overcoming the Unpaid Meal Challenge - Proven Strategies from Our Nation's Schools*, USDA FNS Guidance Document (May 2017)
- NYSED Child Nutrition-Student Meal Charge Policy May 30, 2017
- Education Law §908

***Adopted:***

06/14/2017

***Reviewed:***

05/30/2018    12/11/2019    12/07/2022

***Revised:***

06/13/2018    01/29/2020    01/25/2023