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# CHILD AND ADULT NUTRITION SERVICES

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**south dakota**  
DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

# AGENDA

- Overview of School Nutrition Programs
- Free and Reduced Applications
- Supply Chain Assistance (SCA) Funds
- Child Nutrition Equipment Grants & Purchases
- Adult Meals
- Allowable Costs

# SCHOOL NUTRITION PROGRAMS BASICS

- Per meal reimbursement provided to schools and agencies
  - Free, Reduced, and Paid rates
  - Severe Need and Specially Needy rates
  - Performance Based Reimbursement
- Meal options – Breakfast, Lunch, Afterschool Snack, Fresh Fruit and Vegetable Program, and Special Milk Program
- Regulated by the U.S. Department of Agriculture
- Schools are not required to participate

# FREE AND REDUCED-PRICE APPLICATIONS

## Required Items on an Application

- Names of all household members
- Income amount, source, frequency
- Last 4 digits of Social Security Number (SSN) or indication of no SSN
- Adult household signature
- Signature of determining official
- Eligibility determination

## Things to keep in mind:

- One income frequency = no conversion
- Must be signed by the determining official at the district
- Eligibility must be entered correctly into computer system that issues meal benefits to students

2024-2025 Application for Free and Reduced Price School Meals or Free Milk  
Complete one application per household. Please use a pen (not a pencil).

☐ New Applicant    ☐ Previous Applicant

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

Definition of **Household Member**: "Anyone who is living with you & shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's Name	Age	Write name of child's school, or "not in school"	If a student, write in the grade	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"/>

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)

If you answered NO > Complete STEPS 3 and 4.    If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

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

Are you unsure what income to include here?

**Flip the page** and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

Child income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**B. All Adult Household Members (including yourself)**  
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 gross income (before tax) for each source in whole dollars only. If they do not receive income from any 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 Adult Household Members (First and Last)	Earnings from Work	Public Assistance/ Child Support/Alimony	Farming/ Pensions/ Retirement/Other Income											
				How often?	How often?	How often?								
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Annually					
	\$				\$					\$				
	\$				\$					\$				
	\$				\$					\$				
	\$				\$					\$				
	\$				\$					\$				

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X X

Check if no SSN ☐

STEP 4: Contact information and adult signature.

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

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

**INSTRUCTIONS: Sources of Income**

Sources of Income for Children	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
• Social Security <ul style="list-style-type: none"> <li>◦ Disability Payments</li> <li>◦ Survivor's Benefits</li> </ul>	• A child is blind or disabled and receives Social Security benefits • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
• Income from person outside the household	• A friend or extended family member regularly gives a child spending money
• Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private pensions or disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>

**OPTIONAL: Children's Racial and Ethnic**

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

Ethnicity (check one): ☐ 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 Islander ☐ White

**Civil Rights: Information if you have a complaint**

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

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

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**Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY**

**Do not convert if only one income frequency reported.** Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income:	How Often?					Household Size:	Categorical Free Eligibility: (Select 1)					Income Eligibility: (Select 1)		
	Weekly	Bi-Weekly	2xMonth	Monthly	Annual		Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR	Free	Reduced	Denied
Determining Official's Signature	Date		Confirming Official's Signature		Date		Verifying Official's Signature		Date					



# POLL QUESTION

# NONPROFIT SCHOOL FOOD SERVICE ACCOUNT

- Restricted account
- Revenue from all food service operations is retained
- Funding can only be used for allowable program operation or improvement costs



## SCHOOL NUTRITION PROGRAM REVENUE

- All monies received by or accruing to the nonprofit school food fund
- Federal and State meal reimbursements
- Student and adult payments for meals
- A la carte sales, including second servings and milk
- Interest
- Earnings on investments
- Other local revenues

# ALLOWABLE COSTS

MUST BE ALLOWABLE,  
REASONABLE,  
NECESSARY, ALLOCABLE

FOLLOW FEDERAL,  
STATE, LOCAL, TRIBAL  
AND OTHER LAWS &  
REGULATIONS

CONSISTENTLY TREATED  
AS A DIRECT COST OR  
INDIRECT COST TO THE  
PROGRAM

ADEQUATE  
DOCUMENTATION

## ALLOWABLE COSTS

Improve meal food quality by adding foods that allow for more choices and meet meal pattern requirements

Trainings and/or travel for workshops, conferences and training programs for CNP employees

Supplies and services for program operation

Software point of sale system or free & reduced application system

Offer free breakfast to reduced or paid students

Food service equipment purchases that received preapproval from DOE

## UNALLOWABLE COSTS

Purchase or improvements of land or buildings or construction of buildings

Service school building-wide systems such as heating and air conditioning, ventilation, and plumbing systems

Telephone and computer lines, Intercommunication systems

Retroactive Costs

Program promotional/marketing materials like decorative vinyl wrap for service lines

Bad Debts

Not supported by adequate documentation

## SUPPLY CHAIN ASSISTANCE (SCA) FUNDS

- 3 Rounds of Funding provided by DOE to schools operating the National School Lunch Program and opted in
- Must be spent on minimally processed, domestic food items
  - Documentation to show domesticity must be kept
  - Common examples: Milk, domestic fruit and vegetable, yogurt, cheese
- Funds have no expiration date
- Schools must be working toward spending the funds
- CFDA (same as NSLP): 10.555

## SCA FUNDS – USEFUL INFORMATION

- <https://doe.sd.gov/cans/snp.aspx>
- School allocations
- Information on minimally processed
- Information on required documentation

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[Useful Resources and Links](#)

Supply Chain Assistance

- [SCA Funds SY 23-24 Power Point](#)
- [SCA Fund Allocations, Rounds 1-3](#)
- [Spending Ideas for SCA Funds](#)
- [SCA Q & A Round 1](#)
- [SCA Q & A Round 2](#)
- [SCA Q & A Round 3](#)
- [SCA Memo Round 4](#)
- [SD rules for purchased or donated local foods](#)



# POLL QUESTION

## EQUIPMENT GRANTS

- USDA provides funding to State agencies
- CANS provides funding to schools through competitive grant process for districts that operate the National School Lunch Program
- Awarded districts purchase equipment and submit invoice for reimbursement
- Proper procurement procedures must be followed
- Grant award includes equipment preapproval for purchase
- CFDA: 10.579



## EQUIPMENT PURCHASES

- \$10,000 capitalization threshold (federal)
- CANS Preapproved Equipment List (CANS Memo #241-2)
  - <https://doe.sd.gov/cans/documents/CNPEquipment-Memo2.pdf>
- Must follow federal purchasing requirements if foodservice funds are used
- Preapproval is required if over capitalization threshold or not on preapproved list



# POLL QUESTION

## ADULT MEALS

- Meals must be paid for, it is not an allowable cost to foodservice account
- Adult meals must be documented
- Minimum price requirement annually
- Formula to calculate price – CANS Memo #223-1
  - <https://doe.sd.gov/cans/documents/Memo-223-1a.pdf>
- School may subsidize cost using nonprogram funds such as the general funds or ISEP

## ADULT MEAL PRICES

### Lunch

Federal Free Reimbursement  
+ Performance Based Reim.  
+ Value of USDA Foods  
+ State Match Rate

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Adult Lunch Price Total

### Breakfast

Federal Free Reimbursement  
(highest received)

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Adult Breakfast Price Total

## REIMBURSEMENT RATES

- Updated annually by USDA
- Typically released in July for the current school year
- Based on inflation
- <https://doe.sd.gov/cans/documents/2324-SNPrates.pdf>



# POLL QUESTION

# QUESTIONS?



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