

2023 Legislative Changes

**State Free
June 13, 14, 15**

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Webinar Reminders

All attendees will be automatically muted

Attendees can come off mute at the end of the Webinar for questions

You can type questions into the “Chat” box

The session is being recorded.

Slides and Recording will be available on our website

Today's Agenda

- **SCA Funds**
- **HB 1494 Anti-Lunch Shaming Bill**
- **SB 2284 State Free Update**
- **Questions and Answers**

Supply Chain Assistance (SCA) Funds

- **USDA is providing an additional \$3,297,753 in SCA funds to North Dakota schools.**
- **The SCA funds provide an additional financial resource for schools:**
 - Provide consistent and nutritious meals to children.
 - Purchase domestic food products.
 - Respond to supply chain challenges.
 - Enhance efforts to purchase local foods.
- **SCA funds will be distributed to eligible schools in July via the same formula used to distribute the first three rounds of funds.**
- **SCA funds remain limited to the purchase of unprocessed or minimally processed domestic food products.**
- **There is no deadline for using the funds**

HB 1494 Anti-Shaming Bill

**Signed Into Law on
April 10, 2023**

HB 1494 “Anti-Lunch Shaming” Bill

- **No Denying Meals**
- **No Alternate Meals**
- **No Stickers, Stamps or Public Lists**
- **No Denying Activities or Graduation**
- **Can't Exchange Work for Meals**
- **CAN Contact Parents about Meal Balances**
- **CAN Send Parents to Collections**
- **CAN Remind Students in Line**
- **MUST have a Meal Charge Policy and Post on Website**
- **Look for Information from North Dakota School Board Association**
- **Timeline – update your policy during the 2023-24 School Year**

“State Free” Information

- **SB 2284 DPI Appropriations Bill**
 - Not in ND Century Code. Must be renewed at the next Legislative Session in 2025
- **An amendment expanded no-cost meals to all ND students from families making up to 200% federal poverty level**
- **Mirrored the language of HB 1491**
- **Applies to all students attending a school in ND that is enrolled in NSLP**

“State Free” Information

- **Applies only to NSLP and SBP, not After School Snack Program or Special Milk Program**
 - “At Risk” -All Snacks are free of charge
- **Applications that are approved for State Free are not subject to Federal Verification**
- **Students who qualify for State Free are not eligible for P-EBT Benefits**
- **Title 1 and ERATE are based on Federal Eligibility only**

“State Free” Information

- **Expands the Poverty Guidelines to Families up to 200%**
 - Free -130% Poverty Rate
(up to \$39,000 for a family of 4)
 - Reduced -185% Poverty Rate
(up to \$55,500 for family of 4)
 - New State Free -185-200% Poverty Rate
(up to \$60,000 for family of 4)
- **Use new State Expanded Eligibility Guidelines when approving applications**



**Department of Public Instruction Child Nutrition and Food Distribution Programs
Income Eligibility Guidelines
July 1, 2023 to June 30, 2024**

Federal Free Meals – 130 Percent						Federal Reduced-Price Meal – 185 Percent						State Free - 200 Percent					
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
1	\$18,954	\$1,580	\$790	\$729	\$365	1	\$26,973	\$2,248	\$1,124	\$1,038	\$519	1	\$29,160	\$2,430	\$1,215	\$1,122	\$561
2	\$25,636	\$2,137	\$1,069	\$986	\$493	2	\$36,482	\$3,041	\$1,521	\$1,404	\$702	2	\$39,440	\$3,287	\$1,643	\$1,517	\$758
3	\$32,318	\$2,694	\$1,347	\$1,243	\$622	3	\$45,991	\$3,833	\$1,917	\$1,769	\$885	3	\$49,720	\$4,143	\$2,072	\$1,912	\$956
4	\$39,000	\$3,250	\$1,625	\$1,500	\$750	4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068	4	\$60,000	\$5,000	\$2,500	\$2,308	\$1,154
5	\$45,682	\$3,807	\$1,904	\$1,757	\$879	5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251	5	\$70,280	\$5,857	\$2,928	\$2,703	\$1,352
6	\$52,364	\$4,364	\$2,182	\$2,014	\$1,007	6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434	6	\$80,560	\$6,713	\$3,357	\$3,098	\$1,549
7	\$59,046	\$4,921	\$2,461	\$2,271	\$1,136	7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616	7	\$90,840	\$7,570	\$3,785	\$3,494	\$1,747
8	\$65,728	\$5,478	\$2,739	\$2,528	\$1,264	8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799	8	\$101,120	\$8,427	\$4,213	\$3,889	\$1,945
For each additional family member, add	\$6,682	\$557	\$279	\$257	\$129	For each additional family member add	\$9,509	\$793	\$397	\$366	\$183	For each additional family member, add	\$10,280	\$857	\$428	\$395	\$198

NOTE: Do not allow hardship deductions from the above.

Reminders

- *Error Prone Applications: Any application within \$100 per month of the applicable IEGs.
- *Multiply income that is received every 2 weeks (biweekly) by 26 to arrive at annual income.
- *Multiply weekly income by 52 to arrive at annual income.
- *Gross or total income must be used in determining eligibility for wage earners.
- *A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

Teams/general/4nslp/new year 2024

	Yearly	Monthly	2x Month	Every 2 weeks (Bi-Weekly)	Weekly
Annual Income Conversion: Multiply income by	X 1	X 12	X 24	X 26	X 52
Error Prone: \$ Range Below the free or reduced-price income eligibility limit.	\$0-\$1,200	\$0-\$100	\$0-\$50	\$0-\$50	\$0-\$25



Department of Public Instruction Child Nutrition and Food Distribution Programs
Income Eligibility Guidelines
 July 1, 2023 to June 30, 2024

Federal Reduced-Price Meal – 185 Percent						State Free - 200 Percent					
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519	1	\$29,160	\$2,430	\$1,215	\$1,122	\$561
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702	2	\$39,440	\$3,287	\$1,643	\$1,517	\$758
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885	3	\$49,720	\$4,143	\$2,072	\$1,912	\$956
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068	4	\$60,000	\$5,000	\$2,500	\$2,308	\$1,154
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251	5	\$70,280	\$5,857	\$2,928	\$2,703	\$1,352
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434	6	\$80,560	\$6,713	\$3,357	\$3,098	\$1,549
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2023-24 Application for Free or Reduced-Price Meals

Complete one application per household for all children. Please use a pen (not a pencil). **Mail or return completed form to: (School/District Information)** _____

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: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply.	Foster Child	Migrant	Homeless or 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Medical assistance does not qualify. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3.)

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

A. Child Income.

Sometimes children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<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"/>	\$ _____

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<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"/>	\$ _____

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- Or I do not have a Social Security Number

B. Attestation & 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."

Total Number of All Household Members (Children + Adults) Here: _____

SCHOOL OFFICE USE ONLY	Error Prone Application
<input type="checkbox"/> Case # Application	<input type="checkbox"/> Directly Certified: Date of Disregard: _____
<input type="checkbox"/> Income Application	<input type="checkbox"/> Homeless/Migrant/Runaway
Household Size: _____	
Total Income: \$ _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Wks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State Free (200%) _____ Denied _____	Reason for Denial
Determining Official's Signature: _____	<input type="checkbox"/> Income Too High
	<input type="checkbox"/> Incomplete App
<input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____	Date: _____
Verifying Official's Signature: _____	Date: _____

<input checked="" type="checkbox"/>	
SIGNATURE of Adult Completing Application (Form must be signed to be complete.)	DATE
Print Name	Daytime Phone
Address (if available)	Apt# City Zip

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.

Changes Required for Software

- **Contact Your Software Company (Power School & Primero Edge Already Notified)**
- **Power School will use “Exempt” for State Free Eligible Students**
 - Make sure Meal Counting Software ‘syncs’ with “Exempt” if you don’t use Power Lunch
- **State Free Category must be added into Meal Counting Software**
 - Federal Free
 - Federal Reduced
 - State Free (Federal Paid)
 - Paid
- **Free/Reduced Application Software must use NEW Guidelines**
- **Software Companies should reach out to NDDPI with questions**

The State of ND Will Pay

- **.30 Reduced Fee for Breakfast**
- **.40 Reduced Fee for Lunch**
- **Difference between the USDA free rate of reimbursement and the USDA paid rate of reimbursement for eligible students.**
 - Breakfast
 - Lunch
 - NOT for Afterschool Snack
- **Schools will claim meals in NDFoods based on Federal Free, Federal Reduced, Federal Paid, and State Free categories.**

SB 2284 “State Free”

- **Schools cannot accept applications until after July 1, 2023**
- **Any student who falls in the eligibility guidelines below 200% poverty level will receive free meals.**
- **Schools must track all four categories for Breakfast and Lunch**
 - Free
 - Reduced
 - State Free
 - Paid

Reminder!

School should set student meal price in software system for Reduced and State Free to \$0 for breakfast and lunch.

POS Meal Counting Software Prices

	Breakfast	Lunch	After School Snack
Free	\$0	\$0	\$0
Reduced	\$0	\$0	max .15
State Free	\$0	\$0	School Set Price
Paid	School Set Price	School Set Price	School Set Price

What About 30-day Carryover Students?

- **All Free and Reduced Students will carry over for 30 days just like they have in past years**
- **Reduced Students will still be claimed as reduced.**
 - They should not be charged for meals
 - They have 30 days to reapply for benefits.
- **Do not recalculate any income applications from the 22-23 school year to qualify families for State Free Benefits.**

SB 2284 “State Free”

- **All Relevant information is on the NDDPI Website**
 - Publishable and Non-Publishable Guidelines
 - Letter to Households
 - Notification Letters
- **Use New Notification Letters. Template Provided.**
 - Must notify households based on Federal or State Qualification Guidelines
- **Schools have discretion as to who benefits will be extended to (books, activities, bussing, etc.,)**

Notification to Parents

NOTIFICATION LETTER REGARDING MEALS – SNP/CHARGE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
(Rev. 05/23) G/Tools/SNP/Notification Letter Regarding Meals-SNP-Charge

Date [Redacted]

Dear [Redacted]

Your application for free or reduced price meals for your child(ren) has been:

<input type="checkbox"/> Approved for Free Meals based on Federal Free or Reduced Qualifying Guidelines	<input type="checkbox"/> Approved for Free Meals Based on State Qualifying Guidelines.
<input type="checkbox"/> Denied for the following reason(s):	
<input type="checkbox"/> Income is over the allowable <u>amount</u>	
<input type="checkbox"/> Incomplete application: Missing information [Redacted]	
<input type="checkbox"/> Other [Redacted]	

If you do not agree with the decision, you may discuss it with the school. 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 [Redacted]			
Address [Redacted]			
City [Redacted]	State [Redacted]	Zip [Redacted]	Telephone [Redacted]

You may apply for benefits at any time during the year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in family size, or begin to receive SNAP benefits, TANF, or FDPIR benefits, fill out an application at that time. Does your child have health insurance? Many children who qualify for free and reduced-priced meals may also qualify for low-cost or free health coverage. For information or to see if your child may qualify, visit <https://www.applyforhelp.nd.gov/> or call 1-844-854-4825.

For more information, you may call:

Name: [Redacted]	Phone Number: [Redacted]
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Sincerely,

Program: School Nutrition (SNP)
Program Year: 2023
Claim Month: March 2023
Closes: 05/30/2023 12:00 AM

Breakfast - Regular

*Days Served:

Price	Enrolled	Meals Served
Free	<input type="text" value="1"/>	<input type="text" value="1"/>
Reduced	<input type="text" value="1"/>	<input type="text" value="1"/>
State Free	<input type="text" value="1"/>	<input type="text" value="1"/>
Paid	<input type="text" value="1"/>	<input type="text" value="2"/>
Total	<input type="text" value="4"/>	<input type="text" value="5"/>

Lunch - Regular

*Days Served:

Price	Enrolled	Meals Served
Free	<input type="text" value="1"/>	<input type="text" value="1"/>
Reduced	<input type="text" value="1"/>	<input type="text" value="1"/>
State Free	<input type="text" value="1"/>	<input type="text" value="1"/>
Paid	<input type="text" value="1"/>	<input type="text" value="2"/>
Total	<input type="text" value="4"/>	<input type="text" value="5"/>

Payment Process

Program: School Nutrition (SNP)
Program Year: 2023
Claim Month: March 2023
Claimed Amount: Federal: \$16.69
 State: \$6.16
Status: [Completed](#) ⓘ
Comments:

Meal	Days Served	Type	Meals Served	Rate	Claimed	Adjusted	Enrolled	Activity Id
Breakfast - Regular	10	Free	1	\$2.26	\$2.26	\$0.00	1	0605
		Reduced	1	\$1.96	\$1.96	\$0.00	1	0605
		State Reduced	1	\$0.30	\$0.30	\$0.00	1	0695
		State Free	1	\$1.74	\$1.74	\$0.00	1	0692
		Paid ⓘ	3	\$0.50	\$1.50	\$0.00	2	0605
		Subtotal	5			\$7.76	\$0.00	4
Lunch - Regular***	10	Free	1	\$4.41	\$4.41	\$0.00	1	0604
		Reduced	1	\$4.01	\$4.01	\$0.00	1	0604
		State Reduced	1	\$0.48	\$0.48	\$0.00	1	0694
		State Free	1	\$3.64	\$3.64	\$0.00	1	0693
		Paid ⓘ	3	\$0.85	\$2.55	\$0.00	2	0603
		Subtotal	5			\$15.09	\$0.00	4
Total:				\$22.85				

***Includes extra amount for meeting meal pattern certification.

DPI “Office Hours”

- **ALL August/September Claims will be reviewed by DPI Staff**
- **NDDPI Child Nutrition will have open “Office Hours” in August**
- **Teams Link to join and ask questions about implementation**
- **Updates and more information will be available at BTSW**
- **Q&A Document will be developed on put on the main page NDDPI Child Nutrition and Food Distribution Website**

Summer Events

July 18th – 8 Hour Sanitation Training

July 19th – 4 Hour Kitchen Manager Training

Back to School Workshops:

August 1 – Fargo Ramada Hotel

August 2 – Grand Forks CanadInn

August 3 – Minot Grand International Hotel

August 9 - Mandan Baymont Hotel

August 10 - Mandan Baymont Hotel

Questions?

Contact us:
Call: 701-328-2294
Email: dpicnfd@nd.gov



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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 1.mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- 2.fax: (833) 256-1665 or (202) 690-7442; or
- 3.email: program.intake@usda.gov

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