

**Pilot Grove C-4 Schools
107 School Street
Pilot Grove, MO 65276**

TO INSURE THE "PROTECTION OF THE RIGHTS AND PRIVACY OF PARENTS AND STUDENTS", A FEDERAL LAW WHICH BECAME EFFECTIVE NOVEMBER 19, 1974, PROHIBITS THE DISCLOSURE OF STUDENT GRADES AND OTHER INFORMATION ON STUDENT RECORDS. THIS LAW REQUIRES PARENTS' PERMISSION FOR THERE RELEASE OF SCHOOL RECORDS OF ALL STUDENTS UNDER 18 YEARS OF AGE.

.....

I authorize _____

to release to Pilot Grove C-4 School, Pilot Grove, Missouri, the official transcript of grades, test scores, health records, any psychological and/or special services data or any other pertinent information regarding the following student(s) enrolled in our school:

(First Name)	(Middle Name)	(Last Name)	(Social Security)	(Grade)
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I, also affirm, that _____ has never been expelled from school for offense in violation of school board policies relating to weapons, alcohol or drugs, or for willful infliction of injury to another person. Materially false statements are criminally sanctionable.

I attest the above information is accurate and hereby give permission for the release of all information concerning my child.

(Parent/Guardian Signature) (Relationship to Student)

(Street, P.O. Box, or Route) (Town) (Zip Code)

(Date Signed)

****By typing my name in the above field, I understand it is considered to be my electronic signature of the form, certifying that the information is true and accurate.**

SCHOOL ADMISSIONS
(Proof of Residency Form)

In order to satisfy the district's residency requirements, the student, parent, military guardian, court-appointed legal guardian or person acting as a parent must provide one (1) or more of the following items as proof of residency:

- | | |
|---------------------------|-------------------------------|
| 1. Property tax statement | 2. Legal property description |
| 3. Utility bill/agreement | 4. Rental agreement/receipt |
| 5. Real estate contract | 6. Telephone bill |
| 7. Other _____ | |

Student Information

Name of Student: _____ / _____ / _____

Address Where Student Is Living: _____

Name of Person with Whom Student Is Living: _____

Relationship to Student: ☐ Self ☐ Parent ☐ Guardian

☐ Person Acting as a Parent ☐ Other: _____

NOTICE: According to § 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form you are certifying to the district that the above information is accurate.

Signature of Parent, Guardian, Person Acting As a Parent, or Student if Applicable

Date

****By typing my name in this field, I understand it is considered to be my electronic signature of the form, certifying that the information is true and correct.**

SCHOOL ADMISSIONS
(Statement of Student Discipline)

Date: _____

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

Individual's Information

Name of Student: _____

Parent, Court-Appointed Legal Guardian, Military Guardian or person enrolling the student:

Is the above student presently under suspension or expulsion from another school district?

☐ Yes ☐ No

If yes, please explain: _____

Has the above student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person?

☐ Yes ☐ No

If yes, please explain: _____

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts?

☐ Yes ☐ No If yes, indicate which crime(s):

☐ First degree murder under § 565.020, RSMo.

FILE: JEC-AF2
Critical

- ☐ Second degree murder under § 565.021, RSMo.
- ☐ First degree assault under § 565.050, RSMo.
- ☐ Forcible rape under § 566.030, RSMo.
- ☐ Forcible sodomy under § 566.060, RSMo.
- ☐ Statutory rape under § 566.032, RSMo.
- ☐ Statutory sodomy under § 566.062, RSMo.
- ☐ Robbery in the first degree under § 569.020, RSMo.
- ☐ Distribution of drugs to a minor under § 195.212, RSMo.
- ☐ Arson in the first degree under § 569.040, RSMo.
- ☐ Kidnapping, when classified as a class A felony under § 565.110, RSMo.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to § 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

Parent/Legal Guardian Signature

Date

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: [Adopt Date]

Revised:

Pilot Grove C-4 School District, Pilot Grove, Missouri

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Pilot Grove C-4 School

107 School Street
Pilot Grove, Missouri 65276

Ashley Groepper
Superintendent
Phone: 660-834-6915
Fax: 660-834-6925

Lindsay Leonard
Elementary Principal
Phone: 660-834-4115
Fax: 660-834-4401

Derek Skaggs
Secondary Principal
Phone: 660-834-4415
Fax: 660-834-4401

Janna Lammers
Student Services
Phone: 660-834-4415
Fax: 660-834-4401

Parent/Guardian Interview

Date: _____

Name of Parent/Guardian: _____

Name of Child: _____

Grade Level: _____

_____ My child DOES NOT receive services due to a categorical disability under IDEA.

_____ My child DOES receive services due to a categorical disability under IDEA.

Evaluation Information

Date of current evaluation: _____

Categories of Eligibility: _____

IEP Information

Date of current IEP: _____

Goals: _____

Special Education/Related Services: _____

Accommodations/Modifications: _____

Placement: _____

Other relevant information: _____

Parent/Guardian Signature

Date

Staff Member Conducting Interview

Date

For further information, contact Janna Lammers, Director of Student Services
8/2010

“Where Tigers Grow”

STUDENT REGISTRATION AND HEALTH ENROLLMENT

Student's Name _____ Today's Date _____

Last

First

Middle

Grade Enrolled _____

Birthdate _____

Month/Day/Year

Age _____ Sex _____ Primary Language Spoken in the Home: _____

Race (check one): Asian Black Hispanic Indian Multi-Racial White

Home Address _____

Phone Number _____
Student Lives With _____

Father's Name _____
Address _____

Mother's Name _____
Address _____

Phone No. _____
Place of Employment _____

Phone No. _____
Place of Employment _____

Work Number _____

Work Number _____

Cell Number _____

Cell Number _____

Email _____

Email _____

If not residing at home, please name Guardian: _____

Two emergency numbers if unable to reach parents:

Name _____

Phone _____

Name _____

Phone _____

What school did you last attend: _____ Do you ride the bus? _____

Allergies (Please list student's reaction to each) _____

Health Problems _____

Medicines taken daily-Reason-Dosage _____

Past history of major illnesses, hospitalization, or surgeries _____

Doctor's Name _____ Phone No. _____ City _____

Dentist's Name _____ Phone No. _____ City _____

Is your child covered by any medical insurance?

____ A. Yes, covered by an employer's plan.

____ C. Yes, covered through a private plan.

____ B. Yes, covered through Medicaid

____ D. No, not currently covered.

Has your child seen a doctor _____ or Dentist _____ in the last year?

Yes or No

Yes or No

In the event that my child is injured or becomes ill and/or needs medical attention for any reason whatsoever, and I/we cannot be contacted, this Authorization will serve as (my)(our) request and authority for the school authorities to call a private ambulance service for the purpose of conveying my child to the hospital, doctor or to the proper Medical Facility and that (I) (we) authorize any and all medical treatment provided to my child. (I) (We) fully understand that (I)(We) fully understand that (I) (We) shall be responsible for all costs of ambulance service and any and all medical care and/or treatment provided to my child in case of any emergency.

Date _____

Parent/Guardian Signature

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Revised 08/2020

**PILOT GROVE C-4 SCHOOL
STUDENT INFORMATION**

Student Name: _____ **Grade Level:** _____
Parent/Guardian Name: _____

Home Language

What was the student's first language? (check one) English Other

If other, language spoken: _____

Which language(s) does the student use (speak) at home and with others? (check one) English Other

If other, language spoken: _____

Which language(s) does the student hear at home and understand? (check one) English Other

If other, language spoken: _____

Does or has the student received ESL Services? _____ Yes _____ No

Date entered the United States: _____

Country of birth? _____

McKinney-Vento Act

These questions cover the definition of homeless that is within the No Child Left Behind law. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?

_____ Yes _____ No

Explain if it is a similar reason: _____

2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged because of economic reasons?

_____ Yes _____ No

3. Are you currently residing in a shelter?

_____ Yes _____ No

4. Are you currently living in a temporary housing arrangement due to economic hardship?

_____ Yes _____ No

Federal Migratory Worker Survey

If you have a child aged 3 through 21 and you have moved from one school district to another school district within the past six years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

1. Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or agriculture-related work such as: planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products for market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or catfish farm; cutting firewood or logs to sell.

_____ Yes _____ No

2. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs?

_____ Yes _____ No

3. Is either parent (or guardian) now employed in any of the above kinds of work?

_____ Yes _____ No

4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agriculture?

_____ Yes _____ No

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Dear Parent/Guardian,

Please complete the following permission form if you would like your child to attend school sponsored events during the school year. You must complete one form for each student.

I give _____ permission to attend all school sponsored activities and field trips for the 2023-2024 academic year. I have updated all emergency contact and medical information with the appropriate office.

Parents/Guardians will be notified of the activities/field trips that will be taking place in advance.

I will not hold the school liable in case of accident or injury.

Parent/Guardian Signature _____

Date _____

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CHILD PHOTO RELEASE

I understand that the Pilot Grove C-4 School District cannot be responsible for photos taken or shared by non-employees (such as other youth) at any school event.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ I give Pilot Grove C-4 School District permission to take or share pictures and/or sound recordings of my child/children via any media format, including, but not limited to, school newsletters, yearbook, Facebook, etc.

_____ I do **NOT** give Pilot Grove C-4 School District permission to take or share pictures and/or sound recordings of my child/children via any media format, including, but not limited to, school newsletters, yearbook, Facebook, etc.

I understand assuring pictures are not taken is a shared responsibility which includes the following precautions:

- School photographers will make efforts to avoid photographing my child/children. It is also my child/children's responsibility to not participate in group photos and excuse themselves from other occasions where pictures are being taken.
- Photos taken at school events will be reviewed before being published or shared. In the event that a photo contains a child opted-out, the child will be excluded from the shot (cropped out, pixelated, etc.) or the photo will be deleted.

Date	Signature of Parent/Guardian
Date	Signature of Youth

**By typing my name in this field, I understand it is considered to be my electronic signature of the form, certifying that the information is true and accurate.

Chromebook and Technology Use Agreement, Extra-Curricular/Co-Curricular Code of Conduct, and Student Handbook

<i>I have received, thoroughly read, and agree to abide by the following:</i>	<i>Parent Initials</i>	<i>Student Initials</i>
All Chromebook Policies and Repair Costs outlined in the Pilot Grove School District Handbook. (<i>Agreement required in order to be assigned a Chromebook.</i>)		
All Technology Usage Policies (<i>Agreement is required in order for a student to have access to district technology and be issued a Chromebook.</i>)		
I would like to use the web-based portal to access my data (<i>Agreement is optional and not required.</i>)		
Extra-curricular and Co-Curricular Code of Conduct		
2023-2024 Student Handbook		

Student Name (PRINT): _____

Student Signature: _____

**By typing my name in this field, I understand it is considered to be my electronic signature of the form, certifying that the information is true and accurate.

Parent Name (PRINT): _____

Parent Signature: _____

**By typing my name in this field, I understand it is considered to be my electronic signature of the form, certifying that the information is true and accurate.

PARENT AND STUDENT SIGNATURE PAGE

Please read the following and return the page with student and parent/guardian signatures.

Student Handbook Signature Page

The Student handbook is prepared to assist each student in adjusting to elementary school life. The administration and the board of Education believe that an understanding by each student of the rules and regulation is necessary in order to create a learning atmosphere and a safe school environment. We ask that each student discuss the rules and regulations, which are set forth in the Handbook, with his/her parent or guardian. This will avoid confusion and misunderstanding.

The Acknowledgment by a parent or guardian that a copy of the Handbook has been provided is a requirement for the enrollment in elementary school. Students must return this signed form to the school in order to be officially enrolled

**** I have received a copy of the 2023-2024 Elementary Handbook and I understand the rules and regulations set forth therein apply to all students of Pilot Grove C-4 Elementary.**

Student's Name

Parent/Guardian Signature

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Title I Student- Parent- Teacher Compact Signature Page

Pilot Grove Elementary is a school wide Title I school. The Student-Parent-Teacher Compact verifies that each individual listed (student, parent, teacher) has an important role in the success of the student.

Please sign below stating you have reviewed the expectation by each stakeholder (see student handbook).

Student Signature

Parent Signature

Teacher Signature

Date: _____

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Dear Parent or Guardian:

As you know, Pilot Grove C-4 and the Missouri Department of Health and Senior Services offer an oral health program to help stop tooth decay. This program is called the Preventive Services Program (PSP). Due to Covid-19, our school has chosen not to participate in the oral health screenings completed through the program this year.

However, the PSP would still like to offer home care items and fluoride varnish. Both of these are important pieces of prevention. The fluoride varnish would either be sent home or applied at school. If sent home, the varnish would need to be applied by a parent or guardian, application instructions will be provided. If the varnish is applied at school, it will be applied by trained school staff or volunteer. Recommendations call for two fluoride varnish applications per year, approximately 3-6 months apart. Fluoride varnish is safe to use in stopping and reversing small areas of early tooth decay. Your child will also receive a free toothbrush, toothpaste, and info on oral health.

- Tooth decay is the most common childhood illness that can be stopped.
- Children in the U.S. miss over 51 million hours of school because of dental problems.
- Decay in baby and adult teeth can be painful. It can stop children from eating, speaking, sleeping, and learning.

This service does not replace a regular dental check-up. It is recommended to visit a dentist once a year.

There is **no cost** for the fluoride varnish treatment; but you must give your consent.

_____ **Yes**, I agree to **TWO** fluoride varnish applications for my child. The **FIRST** packet of fluoride varnish and instructions will be sent home with my child, or the varnish will be applied by school staff.

The **SECOND** packet of fluoride varnish will be sent home or applied by school staff in 3-6 months.

_____ **No**, I do not want my child to receive the fluoride varnish applications.

Child's Name: _____

Teacher: _____ Grade: _____

Health History

Has your child ever had major health problems? No: ____ Yes: ____ please explain: _____

Does your child have any allergies? No: ____ Yes: ____ please explain: _____

Parent/Guardian Signature: _____ Date: _____

*By typing my name in this field, I understand it is considered to be my electronic signature of the form, certifying that the information is true and accurate.

Health Screening Opt- Out Form

If you DO NOT want your child to receive one or more of the screenings, please check the appropriate box below, print and sign your name, and return this form to your child's school WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment.

Student Name: _____ Grade: _____

DO NOT SCREEN:

- ☐ Vision- K, 2 ,5, 7, 11
- ☐ Color Blindness- K
- ☐ Hearing- audiometry K, 1, 2, 3, 7, 11
- ☐ Hearing- tympanometry K
- ☐ Growth/ BMI- height/weight K-8
- ☐ Blood pressure- 7, 10, 12
- ☐ Scoliosis- Girls- 6-8, Boys- 8

Parent Signature _____ Date: _____

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LETTER TO PARENTS

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Pilot Grove C-4 School District** offers healthy meals every school day. Breakfast costs **\$1.25**; lunch costs **\$2.00 for elementary students; \$2.25 for middle school and high school students**. **Your children may qualify for free meals or for reduced price meals**. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the **Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP)**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **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.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Annually	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each add'l person add	+9,509	+793	+183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Pilot Grove C-4; Janna Lammers, jlammers@pilotgrove.k12.mo.us**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Connie Moore, Lunch Coordinator, 107 School St, Pilot Grove, MO 65276, 660-834-4115**.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Connie Moore, Lunch Coordinator, 107 School St, Pilot Grove, MO 65276, 660-834-4115, cmoore@pilotgrove.k12.mo.us** immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. 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 may become eligible for free and reduced price meals if the household income drops below the income limit.

9. 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: **Ashley Groepper, Superintendent, 107 School St, Pilot Grove, MO 65276, 660-834-6915, agroepper@pilotgrove.k12.mo.us**.

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

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. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. 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, or clothing, or receive Family Subsistence Supplemental Allowance payments, 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.

14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Connie Moore, Lunch Coordinator, 107 School St, Pilot Grove, MO 65276, 660-834-4115, cmoore@pilotgrove.k12.mo.us** to receive a second application.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call **660-834-4115**

Sincerely,

Ashley Groepper
Superintendent

USDA Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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/ad-3027.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

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2023

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$18,954	\$1,580	\$365	\$26,973	\$2,248	\$519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
Each add'l member	+6,682	+ 557	+ 129	+9,509	+793	+183

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Gross Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers.

(Information follows on the reverse side.)

Foster Children whose care and placement is the responsibility of the State, or who is placed by a court with a caretaker household, is categorically eligible for free meals and may be certified without an application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non-foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Children for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Pilot Grove C-4 School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Connie Moore, Lunch Coordinator, 660-834-4115, cmoore@pilotgrove.k12.mo.us.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Pilot Grove C-4, regardless of age.

List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

Building name/Grade. If child is a student, list building name and grade.

Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636 - Connie Moore, Lunch Coordinator, 660-834-4115.
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

List adult household members' names.
Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

Report earnings from work. Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

Report income from pensions/retirement/all other income.
Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

Print and sign your name and write today's date.
Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Mail Completed Form to: Connie Moore; Lunch Coordinator, 107 School St. Pilot Grove, MO 65276

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

2023-2024 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Date Received by LEA (LEA use only)

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 and 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 First Name	MI	Child's Last Name	Building Name	Grade	Homeless, Migrant, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a 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 income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child Income \$

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 How often?

Weekly	Bi-Weekly	2x Month	Monthly

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 not receive income, report gross income (before taxes) for each source in whole dollars (no cents) 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				Pensions/Retirement/All Other Income			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

Total Household Members (Children and Adults)

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Last four digits of Social Security Number (SSN) of primary wage earner or other adult household member.

X	X	X	X
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X	X		
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 Check if no SSN ☐

STEP 4 Contact Information and adult signature Mail Completed Form To: Pilot Grove C-4 School, 107 School St. Pilot Grove, MO 65276

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 on children may lose meal benefits and 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

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: Total income: Per: Week Every 2 Weeks Twice a Month Month Year

Eligibility: Free Reduced Denied Reason: Date withdrawn:

Error Prone Application: Yes No (Optional - See FAQs) Determining Official's Signature: Date Approved/Denied:

Confirming Official's Signature (For verification purposes only): 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"> - Disability Payments - Survivor's Benefits 	- 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"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

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. If ethnicity/race is not selected, a visual identification will be determined.

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

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'.

Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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:

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for
Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

Return completed form to your child's school.

PUBLIC RELEASE

July 10, 2023

Pilot Grove C-4 School District announced its revised free and reduced price policy for school children unable to pay the full price of meals served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$18,954	\$1,580	\$365	\$26,973	\$2,248	\$519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
Each add'l member	+6,682	+ 557	+ 129	+9,509	+793	+183

Children from families whose current income is at or below those shown are eligible for free or reduced price meals. Applications are available at the school office. To apply, fill out a Free and Reduced Price School Meals Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or Food Stamp/TANF case number, (2) names of all household members, and (3) the signature and last four digits of social security number or indication of no social security number of adult household member signing the application. School officials may verify current income or other information provided on the application at any time during the school year.

Foster children may be eligible regardless of the income of the household with whom they reside. Households with children who are eligible under the foster, Head Start, homeless, migrant, or runaway programs should contact the school for assistance in receiving meal benefits. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals.

Children who are members of households currently certified as receiving Food Stamps, TANF or FDPIR are eligible for free meals. To complete an application, the household must provide the names of the children, a statement that the household receives the qualifying benefits, the Food Stamps/TANF/FDPIR case number, and the signature of the adult household member making application. When known by the school that members of a household are receiving assistance from Food Stamps, TANF or FDPIR, households will be notified of their children's eligibility for free school meals. If any children in the household were not listed on the eligibility notice or not listed on the application, the household should contact the school to have benefits extended to all children in the household.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Under the provisions of the policy, the **Superintendent, Ashley Groepper** will review the applications and determine eligibility. If a parent is dissatisfied with the ruling of the determining official, they may wish to discuss the decision with the hearing official on an informal basis or he/she may make a request either orally or in writing to the **Superintendent**. Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.

(Information follows on the reverse side.)

USDA Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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/ad-3027.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

This institution is an equal opportunity provider.

FOOD SERVICE MANAGEMENT (Meal Charges)

Unless meals are provided at no charge, the district expects students and employees to pay for meals prior to or at the time of receipt. The ability to charge meals is a privilege, not a right, and is subject to the limitations established in this procedure.

Notice

At the beginning of each school year, a copy of this procedure will be provided to every parent/guardian in the district as required by law. In addition, a copy of this procedure, along with information about free and reduced-price school meals, will be provided to the parents/guardians of all students who enroll after the beginning of the school year.

A copy of this procedure will also be provided to all building administrators, staff responsible for collecting payment for meals at the point of service, staff involved with notifying parents/guardians about account balances, school social workers, nurses, counselor, the district liaison for homeless children and youths, and any other staff who regularly assist students in need.

A copy of this procedure will also be posted on the district's website, and information about charging meals will be included in the student handbook.

Employees

Employees may charge meals only after completing the form provided by the district authorizing the district to withhold the amount of any unpaid charges from the employee's pay. The district will withhold amounts due from meal charges in the pay period immediately after the charges are made. Employees may appeal a deduction for meal charges using the process outlined in policy DLB.

Students

1. A student may not accumulate more than ten unpaid meal charges.
2. Students may not charge a la carte items.
3. A students with money in hand will not be denied a meals even if the student has past due charges.
4. Students will not be identified, singled out, shamed or punished by the district for the failure of their parents/guardians to pay for or provide meals, and the district will not withhold student records in violation of law.

Alternative Meals

If the district's meal service line is designed to collect payment prior to students receiving food, a student who has accumulated ten unpaid meal charges and is still unable to pay for meals may be provided an alternative mean. Alternative meals will be on the regular serving line and will be available

to all students as an alternative to the regular meal. If a student has been provided a regular meal, that meal will not be taken away from the student even if the student should have been provided an alternative meal due to unpaid meal charges.

Interventions

After a student accumulates five unpaid meal charges, the district will encourage the parents/guardians to submit an application for free and reduced-price meals if an application has not been recently submitted, and the students will be referred to a counselor for intervention. The counselor will:

1. Meet with the student to assess to the extent possible whether the student or the student's family is experiencing hardships, barriers or other circumstances with which the counselor could assist.
2. Make repeated attempts to contact the parents/guardians to notify them of the lunch charges, discuss the situation and any other concerns the counselor may have after meeting with the student, and resolve the situation.
3. Encourage the parents/guardians to submit the free and reduced-price meals application and inquire about any assistance that might be needed to complete the application.
4. Provide other resources as applicable.
5. District employees are mandated by the state of Missouri to report any instances of suspected abuse or neglect to the Children's Division (CD) of the Department of Social Services. District personnel will report to the CD any instance where a student's arrival at school with no provision for food leads to a reasonable cause to suspect neglect.

Working with Parents/Guardians

To ensure that parents/guardians have ample opportunity to resolve situations involving unpaid meal charges, the district will:

1. Provide timely notification to parents/guardians when account balances run low (when applicable) and each time their student charges a meal.
2. Invoice parents/guardians for unpaid meal charges during the district's monthly billing cycle, in addition to providing notification of outstanding balances by other means.
3. Work with parents/guardians to create a payment plan that allows for the payment of accumulated balances over time.

Debt Collection

Delinquent Debt

Unpaid meal charges will be considered a delinquent debt 90 days after notice that charges are due when no payment or payment plan agreement has been made. Unpaid charges will be considered delinquent as long as the district determines the debt is collectible and efforts to collect the debt are ongoing. The district will make reasonable efforts to collect delinquent debt, including turning over

unpaid meal charge balances to a collection agency when the superintendent or designee determines such action is in the best interest of the district. The district's Nonprofit School Food Services Account (NSFSA) funds may be used to cover the costs of reasonable efforts to collect delinquent debt, including costs associated with using a collection agency.

Bad Debt

When the district determines that collection of delinquent debt is impossible or too costly, the debt will be reclassified as bad debt. Bad debt is debt that will be written off as an operating cost. These costs must be restored using nonfederal funds. NSFSA resources may not be used to cover any costs related to bad debt. Instead, local funds will be used to cover the costs. Local funds include:

1. State revenue matching funds in excess of state revenue matching-fund requirements.
2. State and local funds provided to cover the cost of student meals.
3. Local contributions from organizations or individuals.
4. Revenue from adult meals prepared using resources outside the district's food service and not funded by the NSFSA.
5. Revenue from the state of a' la carte items and profits from foods not purchased with NSFSA funds and funded by an account separate from the NSFSA.
6. Revenues from catering or contracting services that operate from an account separate from the NSFSA.

Records

The district will maintain detailed records pertaining to delinquent and bad debt, including:

1. Evidence of efforts to collect unpaid meal charges.
 2. Evidence that collection efforts fell within the time frame and methods established by this procedure.
 3. Financial records showing when delinquent debt became bad debt.
 4. Evidence that funds written off as bad debt were restored to the NSFSA from nonfederal sources.
-