Meal Charge Procedure for the Grand Isle Supervisory Union

1. Purpose -The purpose of this procedure is to establish consistent procedures for the Grand Isle Supervisory Union to provide meals to students who have insufficient funds in their school meal accounts and the collection of unpaid meal debt.

# General Statement of Procedure –

1. The Grand Isle Supervisory Union recognizes proper nutrition is essential for adequate learning to occur and to establish lifelong, healthy eating habits while also working to maintain the financial integrity of the school food service program.
2. It is the procedure of Grand Isle Supervisory Union to offer high quality, healthy breakfasts and lunches that meet the federal guidelines to all students at a reasonable cost to ensure no child goes hungry.
3. Payments to student accounts are made by sending a check or cash to the School District.
4. Families may apply for free and reduced-price meals at any time during the school year. Meal applications are distributed to households by mail prior to the first day of school. Parents are encouraged to complete and return the applications as soon as possible. In addition, applications are available at the school office during regular business hours and online at [www.gisu.org](http://www.gisu.org). If household size changes or income changes, families may re-apply for meal benefits any time during the school year.
   1. Households who apply for free and reduced-price meal benefits are responsible for payment of all school meals and accumulated charges until approval is granted. Federal guidelines allow a maximum of 10 days to approve a new application. No child is allowed a free or reduced price meal without an approved application or direct certification information on file. Parents will receive a notification letter of the student’s eligibility showing the effective date. If a notification letter is not received within 10 days, the parent should check with the approving official at the school to see if the application has been received.
   2. Households who are receiving 3SquaresVT or Reach-Up benefits will receive a notification of eligibility letter based on Direct Certification from the school if the school has received information about your child(ren). If your household receives these benefits and you have not received this letter from the school, the school has not received information regarding eligibility of your child(ren), the household must contact the school immediately to provide current information.
   3. Free and reduced-price eligible students may receive a breakfast and a lunch each day at no charge.
   4. A la carte items, such as a separate carton of milk or a second entrée, are not allowed to be charged.
   5. Adult meals and/or a la carte items are not allowed to be charged.
5. CEP (Community Eligible Program) schools require families to fill out a Household Income Form each year to determine economic status for use in assessment and determining eligibility for other state and federal programs that benefit the students as well as the school.

# Meal Charge Procedure –

A. Students in grades Pre K – 8 will be allowed to charge up to $ 50.00. All negative balances must be paid prior to the end of the school year. Any remaining balances will be carried over to the next school year.

B. Free and reduced-price eligible students will always be provided a meal regardless of unpaid student accounts.

C. A student eligible for paid meals who has ‘cash in hand’ at the time of meal service will be provided a meal regardless of unpaid student accounts. The ‘cash in hand’ will not be applied to past due accounts.

1. Students are not allowed to charge a la carte items.
2. Adults are not allowed to charge meals or a la carte items**.**
3. CEP (Community Eligibility Program) school students may receive 1 breakfast and/or 1 lunch each day school is in session; however, there is a no charge policy for milk only, a la carte items, or second meals

# Account Status Notifications –

* 1. Households are strongly encouraged to keep sufficient funds in the student accounts to cover weekly meal purchases. The school districts in the Grand Isle Supervisory Union will notify each household of account balances by sending a monthly notice to families. Families may contact the Head Food Service Personnel at their school district to verify balances on a more frequent basis
  2. The family will be notified when the student account balance has reached a $0.00, a written notice will be sent to households.
  3. Weekly written notices and/or phone calls will be sent to households whose children have a negative account balance. A second request for payment will be sent after 5 days if the household has not responded to the first request.

# Collection of Unpaid Meal Debt –

When the student balance is -$50.00, the following collection activities will be followed:

1. The Head Food Service Personnel (or designated staff) will contact the household request payment.
2. The Food Service Manager/Director will contact the building principal if no payment is received.
3. The building principal will contact the household to discuss the requirement of the family to provide meals for the student.
4. The building principal may contact the local social services office if the household refuses to provide meals or pay for student meals.
5. All funds owed to the food service program will be paid in full on the last day of school.
6. Households and employees will be notified if any checks are returned for insufficient funds, and remittance of funds will be requested immediately. After two such instances from a household, all future payments will be required to made in cash.

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Superintendent Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

SFA Representative Signature Printed Name Date