

The background features a decorative graphic consisting of several overlapping circles in various shades of blue. Two thin, light blue lines intersect to form a large 'V' shape that frames the central text. The circles are arranged in a way that they appear to be floating or layered, with some partially obscured by others.

Special Milk Program – Administrative Manual

Nevada Child Nutrition Programs

Administrative guidance for operating a
Special Milk Program sponsorship in
Nevada

**Nevada Department of Education -
Office of Child Nutrition and School Health**

10/21/2008



Office of Child Nutrition and School Health

NEVADA DEPARTMENT OF EDUCATION

TO: Sponsors of the Special Milk Program

FROM: Kathy Stewart, RD, CPFM
Consultant, Nutrition Education Programs

SUBJECT: ADMINISTRATIVE MANUAL

DATE: Revised September 2008

The Special Milk Program (SMP) Administrative Manual contains valuable information for sponsors who participate in the program. This manual is considered a permanent part of your SMP files and should be kept in an easily accessible area for referral.

The manual incorporates regulations, instructions, and guidance into one source of reference to facilitate program management. The manual can also be used to maintain SMP numbered memoranda, current reimbursement rates, and any other information pertaining to the administration of the program. Additions and corrections to this document will be issued as changes occur due to federal and/or state mandates.

We encourage you to make Special Milk Program Administrative Manual available to staff bearing responsibility over any aspect of the management of the program.

We are extremely pleased to present to you the Special Milk Administrative Manual and look forward to your continued support.

NUTRITION EDUCATION PROGRAMS

**SPECIAL MILK PROGRAM
ADMINISTRATIVE MANUAL**

NEVADA DEPARTMENT OF EDUCATION
OFFICE OF CHILD NUTRITION & SCHOOL HEALTH

700 E 5th St. Suite 109
CARSON CITY, NV 89701

775-687-9218

Keith Rheault
Superintendent of Public Instruction

Donnell Barton
Director, Nutrition Education Programs

Kathy Stewart, RD, CPFM
Coordinator, Special Milk Program

Table of Contents
Special Milk Program Administrative Manual
September 2003

Title	Page Number
Introduction	5
Eligible Institutions	5
Administration	6
Application for Participation	7
Agreement	7
Pricing Structure	8
Non-Pricing Milk Program, Option I	8
Pricing Milk Program, Option II	9
Pricing Milk Program, Options III	9
Eligibility Guidelines for Free Milk	9
Complete Application for Free Milk	9
Documentation of Free Milk Benefits for Homeless Children	10
Establishing Children's Cost of Milk	11
Use of Surplus Funds	11
Fund Sources	12
Claim for Reimbursement	12
Standards for Reimbursable Milk	13
Availability of Records	13
Purchasing Procedures	14
Non-Discrimination	15
Documentation/Civil Rights Compliance and Responsibilities	15
Reviews	17
Audits	17
 Appendices	
A. Free Milk Option Policy Statement	19
B. Pricing Option Policy Statement	20
C. Parent Letter	26
D. Student Applications for Free Milk – Pricing Programs Providing Free Milk for Eligible Students	27
E. Appeal Procedure	30
F. Establishing Children's Cost of Milk	32
G. Claim for Reimbursement and Instructions	33 - 36
a. Monthly Claim for Reimbursement	
b. Consolidated Monthly Claim for Reimbursement	
c. SMP-Reimbursement Claim Documentation	
H. Racial/Ethnic Participant Data	41

INTRODUCTION

The Special Milk Program (SMP) was established to improve the nutritional well being of children, with the primary purpose of encouraging the consumption of wholesome milk by children. The Special Milk Program is federally funded through the Food and Nutrition Service, United States Department of Agriculture, and administered at the state level by Nevada Department of Education.

Online Access – Manual, Forms, Regulations, Resources

The following internet links can be utilized to find forms and regulations online.

Nevada Department of Education

<http://www.doe.nv.gov/>

Office of Child Nutrition and School Health

<http://www.doe.nv.gov/CNSH.htm>

Special Milk Program

<http://www.doe.nv.gov/SMP.htm>

USDA – Special Milk Program Regulations

<http://www.fns.usda.gov/cnd/Milk/Default.htm>

Eligible Institutions Include:

1. Sponsors of the National School Lunch Program or School Breakfast Program are eligible to sponsor the Special Milk Program to split session kindergarten children who do not have access to any other meal service. Reimbursement from the milk served in split session pre-kindergartens and kindergartens may not support the operation of any other programs offered by the school.
2. Any School Food Authority or eligible non-profit institution devoted to the training and care of children, shall upon request, receive approval to participate in the Special Milk Program.

3. All public schools, non-profit private schools, and residential child care institutions, of high school grade or under, which **do not** participate in the National School Lunch Program, School Breakfast Program, or Child and Adult Care Food Program.
4. Residential non-profit summer camps for children of high school grade or under, which do not participate in the Summer Food Service Program for children.
5. Residential non-profit summer camps for handicapped individuals under 21 years of age.
6. All public or non-profit nonresidential child care institutions which operate principally for the care of children and do not participate in the Child and Adult Care Food Program.

Sponsors of the program must operate in accordance with USDA policy which does not permit discrimination because of race, color, national origin, gender, age, disability, or political beliefs.

Administration

Eligible institutions must administer the program according to the following guidelines.

1. Submit an application online or as requested by the State Agency.
2. Sign an Agreement and submit to the Nevada Department of Education.
3. Establish a pricing structure, if applicable, within the State guidelines.
 - a. Pricing programs must maintain the margin between the cost of milk and the expense of milk at or below 5 cents.
4. Director must complete the Civil Rights Challenge for the current

school year or attend annual training at the Fall Director's Meeting.

- a. The director is responsible to assure that all staff members providing milk services complete one of the acceptable methods of civil rights training annually during each school year.
5. Establish a purchasing method to ensure the procurement of milk from approved sources and documentation of the purchases.
6. Establish a method of accounting for the milk inventory and use of the milk in each classroom or service area.
7. Establish a method of edit checking purchasing and use documentation for incorporation into the site and consolidated claims for reimbursement that ensures the accuracy of each claim.
8. Maintain all records for a period of three (3) school years after the school year to which the records pertain or until the close of an outstanding audit. Upon request, make available for review, complete records of Program operation.

Application For Participation

Eligible schools or institutions desiring to initiate participation in the Special Milk Program should contact the Nevada Department of Education, Office of Child Nutrition and School Health to establish an online account for submission of an application packet. After receiving passwords and user ids, sponsors can access the CNP online system at:

<http://nde.doe.nv.gov/SMP.htm>

Agreement

The sponsoring agency must certify or agree to the following:

1. Certify that the school or institution is non-profit and devoted to the care and training of children.

- a. Provide a copy of the 501(c)3 from the Internal Revenue Service stipulating that the sponsor is an private, non-profit organization
2. Conduct a non-profit milk program. All funds accruing from the operation of the Program must be used to reduce the price to paying children, to purchase equipment used in storing or serving the milk, or for administration of the Program.
3. Agree that, in the operation of the Program, no child shall be discriminated against because of race, color, national origin, gender, age, disability, or political beliefs.

Pricing Structure

The State Agency will reimburse the sponsoring agency at the established USDA rate according to the pricing structure.

There are three pricing options in the Special Milk Program.

1. The school or institution may elect to have a non-pricing program or a pricing program.
2. The pricing program may be administered with or without a free milk option.

Non-Pricing Milk Program

Option I

The milk is provided to all children without charge. The cost of the milk, beyond the Federal reimbursement rate, is borne by the school or institution as a budgeted expense.

Pricing Programs

Option II

All children are charged a predetermined price which is established locally. The price paid by the children reflects the difference between the Federal reimbursement rate and the cost of the milk plus an administrative margin not to exceed 5 cents.

Option III

Milk is served free to eligible children and sold to other children at a reduced price. A standard rate of reimbursement is provided for the milk sold to paying children. An AVERAGE of the actual price paid for the milk is reimbursed for the milk provided free for the eligible children. Schools and institutions electing to provide free milk to eligible children must submit a Pricing Option Policy Statement.

See Page 20

Eligibility Guidelines For Free Milk

A child may be directly certified for free milk benefits by obtaining information from the agency that administers the Food Stamp/TANF program. These children are categorically eligible for free milk and do not need applications.

If direct certification is not available, the household must submit a complete application to be determined either categorically or income eligible for free milk. **See Pages 27-30**

Application for Free Milk

A complete application must include all of the following information:

1. Food Stamp/TANF households:
 - Name of the child
 - Food Stamp/TANF case number, and
 - Signature of an adult household member

2. For non-Food Stamp/non-TANF households:
 - Names of all household members including the child for whom the application is being made
 - Social Security number of the adult who signs the application or the word "none" if the adult has no Social Security number
 - The amount of income received by each household member for the month preceding the date of the application, and
 - Signature of an adult household member

3. For foster children:
 - Name of child
 - Child's personal income, if any, and
 - Signature of an adult household member

Documentation of Free Milk Benefits for Homeless Children

Addressing the rising problem of homeless children, USDA has established a nationwide policy to simplify access to child nutrition programs for homeless children whose parents/guardians fail to return a free or reduced price application or who are not certified under direct certification.

That policy states that it is acceptable for:

1. The director of the homeless shelter at which the child resides to complete and submit an application for the child, or
2. Local level officials may complete an application based solely on their knowledge that the child's address is a homeless shelter or that the child has no known address and is in fact homeless.

Moreover, when it is not practical for those officials to complete individual applications because of the large number of homeless children, documentation to substantiate free milk eligibility may consist of a list containing at a minimum the following information:

1. Child's name

2. Effective date of eligibility
3. Date of withdrawal
4. Residence (shelter, etc.)
5. Signature of determining official

Establishing Children's Cost of Milk

Special Milk Program regulations (7CFR 215) state "schools and child care institutions having pricing programs shall use the reimbursement payments received to reduce the price of milk to children."

Sponsors of the Special Milk Program (SMP) agree to operate a non-profit milk service, all of the income from which is used solely for the operation or improvement of the milk service. Under no circumstances can SMP income be used to subsidize other meals or programs.

The Nevada Department of Education (NDE) allows an administrative margin of no more than five cents per half pint of milk sold to children. NDE also allows a SMP account balance of no more than three months' operating expenses.

Consider the following when establishing the children's cost of milk:

1. Your cost per half pint, as paid to the supplier
2. Expense of operating your Special Milk Program, if claimed (including supplies purchased, and administrative time)
3. Expected outlay for purchase of new equipment, if any
4. USDA reimbursement
5. Present balance in the SMP account

The worksheet included may be useful in calculating the amount to charge children for milk. **See page 24**

Use of Surplus Funds

When payments for milk are collected in advance for a certain time period, student absences may account for a balance greater than the allowable three months' operating balance in the milk fund. This fund balance may not be retained or credited to a general fund.

Surplus SMP funds may be used to reduce the amount that children pay for milk, or the program can be declared non-pricing for as long as it takes to deplete the surplus fund by providing all children with free milk.

If the sponsor is unable to comply with these policies, the excess SMP reimbursement must be repaid to USDA.

Child care institutions and schools that offer milk and snacks must determine how much of the snack fee is for milk.

Fund Sources

The sponsoring agency will receive reimbursement for each half pint of milk served to children.

The reimbursement rate for milk served, in non-pricing programs and to non-needy children in pricing programs, is set annually and is less than the actual cost of the milk.

The reimbursement rate for milk served to children eligible for free milk is equal to the sponsor's cost of the milk.

The price charged for milk sold to adults is established according to the local school or child care institution policy. However, the charge must be at least equal to the price paid to the milk vendor. Reimbursement cannot be claimed for milk served to adults, milk used in cooking, or spoiled or spilled milk.

Claim for Reimbursement

The Claim for Reimbursement is completed utilizing the Monthly Site Claim for Reimbursement, the Consolidated Claim For Reimbursement, and the SMP –Reimbursement Claim Documentation forms. The claims must be completed and submitted to the Nevada Department of Education, Office of Child Nutrition and School Health, on or before the 10th day of the month following the claim month. **See page 25 and 26**

Under no circumstances shall original Claims for Reimbursement be

accepted more than **sixty days** after the claim month. Revised claims may be submitted up to eighty (80) days after the claim month. Federal law allows revised claims that are downward adjustments to be submitted at any time.

The documentation used for claiming reimbursement must include, at a minimum:

1. A daily record of the number of half pints of milk served to children.
2. The number of half pints of milk served free to needy children eligible for free milk.
3. The number of eligible children receiving milk.

This information must be recorded daily at the point of service, without overtly identifying the child.

The reimbursement claim shall cover only the Program operations for that month. The only exception is if the first or last month of the milk program operation is 10 days or less, such month may be included on the claim for the adjacent month. However, claims may not overlap fiscal years (September and October) at any time or when USDA reimbursement rates change (June and July).

Standards for Reimbursable Milk

“Milk” means pasteurized fluid types of unflavored or flavored milk, low fat milk, skim milk, or cultured buttermilk which meet State and local standards for fluid milk. All milk should contain vitamins A and D at levels specified by the Food and Drug Administration. Raw milk and cow’s milk substitutes are not reimbursable under the program.

Availability of Records

All records of the Special Milk Program must be kept for three years following the end of the school year to which they pertain. The records

must be available for reviews and/or audits. If a program audit has not been resolved, the records must be retained beyond the three year period or until a resolution has been reached. The types of records which must be available are:

1. An accounting of milk served to children
2. An accounting of milk sold to adults
3. An accounting of milk spoiled, spilled, or used in cooking
4. An monthly inventory of milk, reconciled with purchase and use records
5. Invoices or billings for milk which will justify the amount of milk claimed for reimbursement
6. Income accruing as a result of payments by children, adults, and Federal reimbursement
7. All applications for free milk, both approved and denied, if free milk is offered to eligible students

Purchasing Procedures

Milk can be purchased in a variety of ways depending on the size and type of the operation. Your local health district may limit the type of milk containers that can be utilized, so be sure to check the health code.

1. Purchase gallon containers from the local supermarket and pour individual servings for the children if this type of milk service is allowed by the local health department. When evaluating the cost of this method, the cost of serving cups should be included.
2. Order half pint, ½ gallon, gallon, or 6 gallon lugs delivered from the local dairy.
3. Purchase milk by the bid system if the quantity required is of sufficient volume to obtain a volume discount from the dairy.
4. In the case of sponsors contracting with a vendor for milk purchase (or snack which includes milk), the sponsor must solicit bids according to procurement requirements as listed in

the Special Milk Program federal regulations (7 CFR 215.14a Procurement Standards). A written contract should include the terms of agreement.

Information for specifications and conditions for bidding milk, which should be considering when preparing a request for bids, is available upon request from the Nevada Department of Education.

Non-Discrimination

In the administration and operation of the USDA Nutrition Programs, no person shall, on the grounds of their race, color, national origin, gender, age, religion, disability, or political beliefs, be excluded from participating in, be denied the benefits of, or be subject to discrimination under any program or activity of the sponsoring agency to which assistance is provided by the USDA and the Nevada Department of Education.

There is to be no physical segregation of, nor any other discrimination against, any child because of inability to pay the full price of the milk. The names of the children eligible to receive free milk shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by the use of special tokens, tickets, or any other means.

Further, children eligible for free milk shall not be required to:

- Work for their milk
- Use a separate milk service area
- Go through a separate serving line
- Enter the lunchroom through a separate entrance
- Drink milk at a different time
- Drink milk different from that sold to children paying the full price

Documentation/Civil Rights Compliance and Responsibilities

The collection of racial/ethnic participation data is required from sponsors electing to administer pricing programs with the free milk option.

Sponsoring organizations shall evaluate their policies and practices and modify those which do not meet USDA civil rights requirements as they relate to discrimination.

Sponsoring organizations shall make sure that their program, when viewed in its entirety, is readily accessible to and usable by all persons.

Provisions for the availability of information in languages other than English must be provided as needed, to prevent barriers to participation.

Sponsoring organizations must inform all eligible persons of the availability of the program and the steps necessary for participation, and of their rights to file a complaint. The USDA nondiscrimination poster "... AND JUSTICE FOR ALL" must be on display in each site where the SMP is offered.

Civil Rights Training

The state agency has developed sponsor training materials that are accessible from the Special Milk Program website.

A sponsor representative must attend annual state agency civil rights training as announced. The sponsor representative is then charged with returning to the program and providing training to the staff. All staff involved in the service of milk at any level must attend this training.

A PowerPoint presentation, available on the website is available for use with group training situations. When doing group training, you must provide the state agency with a copy of the training agenda and a sign-in sheet for the staff attending the training. At a minimum, the sponsor trainer should cover the sponsor's civil rights protocol, protected classes, complaint contact information.

When utilizing individual training situations, the sponsor must have each employee read FNS 113, review the PowerPoint presentation, and complete the Civil Rights Challenge. Answer Keys are available by calling the state agency consultant; grade the challenge and provide remedial training for scores less than 80%. Copies of the first page of the graded challenge should be forwarded to the state agency consultant.

Reviews

Program reviews are intended to assess compliance with the program's regulations and nondiscrimination requirements. Sponsors selected for reviews will be notified in writing two weeks prior to the scheduled visit.

All reviews shall be documented by the reviewer. The results and findings will be discussed with the sponsor at the end of the review process. If warranted, corrective action will be outlined and time frames specified.

An appeal system is available if a sponsor wishes to appeal the results of an administrative review/audit.

Audits

Any sponsor who receives and expends more than \$500,000.00 total Federal financial assistance annually will be required to have an A-133 audit completed.

The sponsor may choose to have an independent audit conducted by a private audit firm. If you have further questions about the A-133 process, please contact your consultant.

Sponsors are periodically requested to undergo a desk audit procedure. Department consultants will request copies of the purchasing and use documentation to ensure that records reflect the same totals as the claim for reimbursement documents.

Appeals

In some instances fiscal action may be directed for a Special Milk Sponsor. Causes for fiscal action are generally warranted due to reporting errors, application errors, and failure to maintain documentation or compliance.

When fiscal action is initiated, a written notice will be sent to the sponsor with a copy of the appeal procedure. This procedure may be viewed on page 30.

APPENDICES

A. Free Milk Option Policy Statement	19
B. Pricing Option Policy Statement	20
C. Parent Letter	26
D. Student Applications for Free Milk – Pricing Programs Providing Free Milk for Eligible Students	27
E. Appeal Procedure	30
F. Establishing Children’s Cost of Milk	32
G. Claim for Reimbursement and Instructions	33 - 36
a. Monthly Claim for Reimbursement	
b. Consolidated Monthly Claim for Reimbursement	
c. SMP-Reimbursment Claim Documentation	
H. Racial/Ethnic Participant Data	41

**PRICING PROGRAM WITH
NO FREE MILK POLICY STATEMENT**
Special Milk Program

Pricing programs have the option to provide free milk to eligible children. Sponsors choosing not to provide free milk to those eligible children do not have to distribute and collect applications for free milk. Please complete and sign the following statement.

1. _____ All children will be charged for milk in our SMP. Free milk is not an option for needy children. We agree to provide the statement below to parents of all enrolled children in an information bulletin, school brochure, public media release or other publication.

2. **(Please attach a copy of the Parent Notification)**

"The _____(Sponsor Name) operates the USDA Special Milk Program. We have opted not to offer free milk. The Special Milk Program is available to all students.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complain of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14000 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

3. Following is a description of our collection and daily milk count procedure.

Authorized Sponsor Representative _____

Date_____

PRICING POLICY STATEMENT

Free and Reduced Price Meals and/or Free Milk National School Lunch and School Breakfast Programs and Kindergarten Special Milk Program

The _____ (SPONSOR) agrees to participate in the National School Lunch and/or School Breakfast and/or Special Milk Program and accepts responsibility for providing free and reduced price meals and/or snack / free milk to eligible children in the schools under its jurisdiction. The School Food Authority (SPONSOR) assures the Nevada Department of Education (STATE AGENCY) that the school system will uniformly implement the following policy to determine the children's eligibility for free and reduced price meals/free milk in all National School Lunch, School Breakfast, and/or Special Milk Programs under its jurisdiction. In fulfilling its responsibilities, the SPONSOR:

- I. Agrees to serve meals free to children from families whose income is at or below the free income criteria listed in the current income guidelines or whose families provide food stamp, TANF, or FDPIR case numbers.
- II. If lunch is served, agrees to serve reduced price lunch at a price of no more than 40 Cents. If breakfast is served, the maximum charge for a reduced price breakfast of no more than 30 Cents. If snacks are served, agrees to serve reduced price snacks at a price of no more than 15 Cents. These meals will be served to children from families whose income meets the reduced price income criteria listed in the income guidelines.
- III. If operating a pricing milk program and electing to provide free milk, agrees to serve milk free to children from families whose income is at or below the free income criteria listed in the current income guidelines or whose families provide food stamps, TANF, or FDPIR case numbers.
- IV. Agrees that there will be no physical segregation of, nor any other discrimination against, any child because of inability to pay the full price of the meal/milk. The names of the children eligible to receive free or reduced price meals and/or snacks/free milk shall not be published, posted, or announced in any manner and there shall be no overt identification of any such children by use of special tokens, tickets, or any other means. Further assurance is given that children eligible for free or reduced price meals/free milk shall not be required to:
 - A. Work for their meals/milk
 - B. Use a separate lunchroom
 - C. Go through a separate serving line
 - D. Enter the lunchroom through a separate entrance
 - E. Eat meals/milk at a different time
 - F. Eat a meal/milk different from any of the ones sold to children paying the full price

- V. Agrees that in the operation of child nutrition programs, no child shall be discriminated against because of race, color, national origin, sex, age, or disability.
- VI. Agrees to verify income reported on applications in accordance with program regulations and maintain records as follows:
 - A. A summary of the verification efforts
 - B. The total number of applications on file by October 31; and
 - C. The percentage or number of applications verified

Compliance with these requirements will be monitored by the STATE AGENCY as part of its monitoring efforts.

- VII. Agrees to establish and use a fair hearing procedure under which:
 - A. A family can appeal a decision made by the SPONSOR with respect to the family's free or reduced price meal/free milk application.
 - B. The SPONSOR can challenge the continued eligibility of any child for free or reduced price meals/free milk. During the appeal and hearing the child who was determined to be eligible based on the face of the application submitted will continue to receive benefits.

Prior to initiating the hearing procedure, the parent or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The hearing procedure shall provide the following for both the family and the SPONSOR:

1. A publicly announced, simple method for making an oral or written request for a hearing.
2. An opportunity to be assisted or represented by an attorney or other person at the applicant's expense.
3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.

5. An opportunity to present oral or documentary evidence and arguments supporting its position without undue interference.
 6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
 7. That the hearing is conducted and the decision made by a hearing official who did not participate in the decision under appeal or in any previous conference.
 8. That the decision of the hearing official is based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. That the parties concerned and any designated representative thereof is notified in writing of the decision of the hearing official.
10. That for each hearing a written record be prepared, including the decision under appeal, any documentary evidence, and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
 11. That such written record be preserved for a period of three (3) years after the end of the fiscal year to which they pertain (ending September 30th), and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

VIII. Agrees to designate the following individuals to review applications and make determinations of eligibility. The official will use the criteria outlined in this policy to determine which individual children are eligible for free or reduced price meals/free milk. If cashiers make determination of eligibility, list all cashiers. Please attach additional sheets if needed.

Name	Title	Name	Title
Name	Title	Name	Title
Name	Title	Name	Title

IX. Agrees to develop and distribute to each child's parent or guardian a letter including an application for free or reduced price meals/free milk at the beginning of each school year and whenever there is a change in eligibility criteria.

A. Meal Applicants

The letter to parents with the free and reduced price meal application shall have only the income eligibility guidelines for reduced price meals with an explanation that households with incomes at or below the reduced price guidelines may be eligible for free or reduced price benefits.

B. Milk Applicants

The letter to parents with the free milk application shall have only the income eligibility guidelines for free milk with an explanation that households with income at or below the free level may be eligible for free milk if free milk is offered in the school.

If a child transfers from one school to another under the jurisdiction of the same SPONSOR, his eligibility for a free or reduced price meal/free milk will be transferred to, and honored by, the receiving school.

All children from an eligible family will receive the same benefits. Within ten working days of the receipt of applications, parents or guardians will be notified individually of the acceptance or denial of their applications.

The denial letter will state that parents may reapply at any time during the school year. Children will be served meals/milk immediately upon the establishment of their eligibility. Denied applications may be resubmitted at any time when circumstances have changed.

When an application is rejected, parents or guardians will be informed of the reason for denial and the hearing procedures. The designed hearing official is:

(Name of Hearing Official)

(Title)

(Address)

NOTE: THIS PERSON MUST BE SOMEONE NOT INVOLVED IN THE ORIGINAL ELIGIBILITY DETERMINATION. It is suggested that the hearing official hold a position superior to the determining official.

X. Agrees to allow the STATE AGENCY to submit on behalf of the Sponsor a public/press release containing both the free and reduced price eligibility guidelines and all other information outlined in the parent letter, to the local news media.

- XI. Establish an accurate daily collection and record keeping system and submit Claims for Reimbursement in accordance with procedures established by USDA and/or the STATE AGENCY. Schools should limit net cash resources to a level consistent with program needs, but not to exceed three months operating expenses, or such other amount as may be approved by the STATE AGENCY.
- XII. Agrees to submit to the STATE AGENCY any alterations to public announcements, application for free and reduced price meal/free milk, etc., prior to implementation. Such changes will be effective only upon approval. All changes in eligibility criteria must be publicly announced in the same manner used at the beginning of the school year, (as in Parts IX and X of this Policy Statement).
- XIII. Retain the individual application for free and reduced price meals/free milk benefits submitted by families for a period of three (3) years after the end of the fiscal year (ending September 30) to which they pertain, except that if audit findings have not be resolved, the records shall be retained beyond the three year period as long as required for the resolution of the issues raised by the audit.
- XIV. Maintain files of currently approved and denied free and reduced price meal applications, and/or currently approved and denied free milk applications, as applicable. If applications are maintained at the Sponsor level, they shall be readily retrievable by school. Kindergarten Special Milk Program applications will be maintained separately from lunch/breakfast applications.

ATTACHMENTS: The following are adopted with and considered part of this policy (as applicable):

Income Eligibility Guidelines for Free and Reduced Price Categories
Sample Letters to Parents for Meal Benefit/Free Milk Applications for Meal Benefit/Free Milk
Eligibility Notification (2-includes Direct Certification)
Collection Procedures

Revised: 4/2003

[Insert Letterhead]

Dear Parent/Guardian:

(1) Children need milk to develop strong bones and teeth. [Name of School] offers milk every school day. Milk costs [\$]. Your children may qualify for free milk.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free milk. Use one Milk Application for all students in your household receiving milk. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**

2. Who can get free milk? Children in households getting Food Stamps, TANF, FDPIR and most foster children can get free milk regardless of your income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free milk? Please call [school, homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free milk.

4. I get WIC. Can my child(ren) get free milk? Children in households participating in WIC may be eligible for free milk. Please fill out an application.

5. Will the information I give be checked? Yes, we may ask you to send written proof.

6. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF, FDPIR or other benefits. If you lose your job, your children may be able to get free milk.

7. 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: [name, address, phone number].

8. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free milk.

9. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

10. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

11. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call [phone number].

Si necesita ayuda, por favor llame al teléfono: [phone number].

Si vous voudriez d'aide, contactez nous au numéro: [phone number].

Sincerely,
[signature]

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS, TANF, or FDIRS follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp, TANF, or FDPIR case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

**Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.**

The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All*

other income: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

2008-2009 MILK APPLICATION

Part 1. Children in School (Use a separate application for each foster child)					
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #		
Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>					
Part 3. Foster Child					
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.					
Part 4. Total Household Gross Income—You must tell us how much and how often					
1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
<i>(Example)</i> Jane Smith	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	\$ ____/____	<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"/>
Part 5. Signature and Social Security Number (Adult must sign)					
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)					
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: X _____ Print name: _____ Date: _____					
Address: _____ Phone Number: _____ Work Phone: _____					
Social Security Number: _____ <input type="checkbox"/> I do not have a Social Security Number					
Part 6. Children's racial identity (optional)					
Mark one or more racial identities:					
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino of any race					
<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander					
<input type="checkbox"/> Black or African American <input type="checkbox"/> Two or more races (as aligned with EEOC and USDA)					
Don't fill out this part. 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					
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____					
Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free Reduced Denied Reason: _____					
Temporary: Free Reduced Time Period: _____ (expires after _____ days)					
Determining Official's Signature: _____ Date: _____					
Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____					

**Federal Income Chart
for School Year 2008-2009**

Your children may qualify for free milk if your household income falls with the limits on this chart	Household Size	Free Milk				
		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
	1	13,520	1,127	564	520	260
	2	18,200	1,517	759	700	350
	3	22,880	1,907	954	880	440
	4	27,560	2,297	1,149	1,060	530
	5	32,240	2,687	1,344	1,240	620
	6	36,920	3,077	1,539	1,420	710
	7	41,600	3,467	1,734	1,600	800
	8	46,280	3,857	1,929	1,780	890
	For Each Additional Family Member Add	4,680	390	195	180	90

Privacy Act Statement: This explains how we will use the information you give us. 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C 20250-9410* or call *(800) 795-3272* or *(202) 720-6382 (TTY)*. USDA is an equal opportunity provider and employer.

APPEAL PROCEDURE National School Lunch Program

The Nevada Department of Education established the following procedures to afford a sponsor/applicant the opportunity to contest the State agency decisions regarding sponsor termination or the denial of National School Lunch Program (NSLP) and Special Milk Program applications, program requirements, reimbursement, reviews, and claims. Sponsor/applicant appeal procedures are detailed in 7 CFR.220.18 and 7 CFR 215.15.

The State agency will notify the sponsor/applicant in writing by means of certified mail, return receipt requested, of the grounds for action taken. The following appeal procedures describe the rights and responsibilities of the sponsor/applicant.

The sponsor/applicant may refute the State agency's decision only if a designated official of the organization requests an appeal from:

Superintendent of Public Instruction
Nevada Department of Education
700 East Fifth Street
Carson City, NV 89701-5096

Upon receipt of the State agency's notice of action, the designated official of the sponsor/applicant shall have:

- 15 calendar days in which to file a written request for an appeal. The request must clearly specify the action being appealed and whether or not an in person hearing is requested.
- 30 days to submit any pertinent written documentation to the review official. This written documentation must clearly identify the State agency's action being appealed, and must include a copy of the State agency's notice of action.
- The option of retaining legal counsel or representation by another person. Failure of the sponsor/applicant or their representative to appear at a scheduled hearing may constitute a waiver of the right to a personal appearance, unless the review official agrees to reschedule the hearing.

Upon the State agency's receipt of a written request for a hearing, the sponsor/applicant shall have:

- The opportunity to review any information upon which the State agency's action was based.
- 10 calendar days advance written notice, sent by certified mail, return receipt requested of the time and place of the hearing.
- 60 calendar days from the state agency receipt of the request for review, the review official's determination sent by certified mail, return receipt requested based on the information provided by the State agency, the sponsor/applicant, and NSLP/SBP regulations.

During the appeal process, the State agency's decision indicated in the notice of action shall remain in effect. The review official will be designated by the Superintendent of Public Instruction and will be an independent and impartial official not accountable to any other person authorized to make decisions concerning the NSLP. The review official's decision is the final administrative determination afforded to NSLP sponsors/applicants.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C, 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

9/08

Special Milk Program Establishing the Cost of Children's Milk Margin Proof

NV DEPT OF EDUC

9-08

SMP Worksheet Example: Establishing Children's Cost of Milk

	<u>This Example</u>	<u>Your Situation</u>
A. Expected average daily participation	100	_____
B. Total number SMP operating days this year	180	_____
C. Sponsor cost of milk per half pint	\$0.35	_____
D. Sponsor's yearly cost of milk (AxBxC)	\$8,300.00	_____
E. Monthly SMP operating cost (if claimed)	\$50.00	_____
F. Yearly SMP Operating costs (Ex 9 months)	\$450.00	_____
G. Total sponsor SMP costs (D+F)	\$8,750.00	_____
H. Expected USDA reimbursement (AxBx 0.1825)	\$3,285.00	_____
I. SMP account balance	\$2,000.00	_____
J. Monthly SMP costs (G divided by 9 months)	\$750.00	_____
K. Three months' total operating costs (Jx3)	\$2,250.00	_____
L. Available from present SMP account (I-K), after Three months' expenses subtracted	(\$250.00)	_____
M. Needed funds {G-(H+L)}	\$3,715.00	_____
N. Estimated cost of new milk cooler	\$1,000.00	_____
O. Total funds required for this year (M+N)	\$4,715.00	_____
P. Amount to charge children per half-pint {O divided by(AxB)}	\$0.2819	_____
Q. Amount to charge children yearly (PxB) (Common practice in private schools)	\$47.15	_____

Notes:

An electronic version of this form is available on the SMP web site

<http://nde.doe.nv.gov/SMP.htm>

• Check your margin this way:

Child's daily payment for milk	\$0.2819	
(plus) USDA reimbursement	0.1825	
(equals) Total income per half-pint	= 0.44	_____
(minus) Sponsor's cost per half-pint	-0.35	
(equals) Margin (not to exceed \$.05)	= \$0.09	_____

Monthly Site Claim for Reimbursement

National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form			
Sponsor Name	Site Name	Agreement Number	Month Claimed

Submission Type:	NDE Site Claim	Received Date (NDE Use only):
Authorized Signature:		

Meals Served to Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						

Eligible Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						

Program Information						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Days Meals or Milk Served						

Miscellaneous Information			
Highest Number of Children Fed on Any Given Day (RCCI Only)			
	Breakfast	Lunch	Snack
Adult Meals (earned and paid)			
Other Revenue Dollars (include a la carte and separate milk sales)	\$		

Special Milk Program			
Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)		Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility	
Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)			

I acknowledge that I am the school food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in 7CFR 210.8 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of an overclaim and may result in the withholding of payments, suspension or termination of the program as specified in 7 CFR 210.24. I acknowledge that if failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft or fraudulent activity, the penalties specified in 7 CFR 210.25 shall apply.

I certify that I have reviewed and analyzed the milk counts to ensure their accuracy; that the number of half pints of milk were served in accordance with the terms of special milk program agreement; that the claim is correct and just; that payment therefore has not been received; and that records are available to substantiate this claim.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.

Consolidated Monthly Claim Form for Reimbursement

National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form				
Sponsor Name	# of Sites	Agreement Number	Month Claimed	Revision No.

Submission Type:	NDE Site Claim	Received Date (NDE Use Only):	
Authorized Signature: _____			

Meals Served to Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						
Totals						

Eligible Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						
Total Eligible						

Program Information						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Sites Claimed						
Days Meals or Milk Served						

Miscellaneous Information			
	Breakfast	Lunch	Snack
Adult Meals (earned and paid)			
Other Revenue Dollars (include a la carte and separate milk sales)	\$		

Special Milk Program			
Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)		Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility	
Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)			

I acknowledge that I am the school food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in 7CFR 210.8 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of an overclaim and may result in the withholding of payments, suspension or termination of the program as specified in 7 CFR 210.24. I acknowledge that if failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft or fraudulent activity, the penalties specified in 7 CFR 210.25 shall apply.

I certify that I have reviewed and analyzed the milk counts to ensure their accuracy; that the number of half pints of milk were served in accordance with the terms of special milk program agreement; that the claim is correct and just; that payment therefore has not been received; and that records are available to substantiate this claim.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.

Date _____ Signature _____

Office of Child Nutrition and School Health

Monthly Site Claim for Reimbursement

- I. Instructions for completing each section of the **Monthly Claim Form**
- a. **Sponsor Name:** Insert sponsor name as it appears on the current Agreement.
 - b. **Site Name:** Insert Site Name
 - c. **Agreement Number:** The agreement number is a unique identification number issued by NDE to each sponsor upon completion of the application process. **This field may be left BLANK:** NDE will fill in the agreement numbers for each sponsor to ensure accuracy.
 - d. **Month Claimed:** Enter the claim month and calendar year for the appropriate reimbursement period. PLEASE NOTE: The Claim for Reimbursement for any month includes only meals/milk served in that month EXCEPT if the first or last month of Program operations for any year contains **10 operating days or less**. In such an instance **two months** may be combined on the Claim for Reimbursement. [Example: August (5 operating days) combined with September (20 operating days)]. However, Claims for Reimbursement **may not** combine operations occurring in two fiscal years. (i.e., June and July or September and October.)
 - e. An authorized signature is not needed on the Monthly Site Claim for Reimbursement Form.
 - f. **Number of eligible children: (Pricing and Non-Pricing Sponsors)** Enter the number of eligible children on the Paid-Special Milk line in the Eligible Children Section
 - g. **Number of eligible children: (Pricing Sponsor who Collect Applications)** Enter the number of eligible children on the Free-Special Milk line in the Eligible Children Section
 - h. **Number of ½ pints of milk served** (if you do not collect applications for participation) -: Enter the number of ½ pints of milk served in Pricing or Non-Pricing Programs Special Milk Program Box on (Top/Right box)
 - i. **Number of ½ pints of milk served** (if you collect applications for participation): Enter the number of ½ pints of milk served in Pricing or Non-Pricing Programs Special Milk Program Box on (Bottom/Right box)
 - j. **Average milk cost** (if you collect applications for participation): **Enter the average cost of milk in the Left box.**

Consolidated Monthly Claim for Reimbursement

- k. Check the totals of all sites.** The totals of all sites should equal your total for the SMP-Reimbursement Claim Documentation form. If the totals are not accurate, locate your error.
- l. Repeat the instructions** for the Consolidated Monthly Claim For Reimbursement and enter the totals for each section as indicate.

If you have any questions about the Claim for Reimbursement, please call your nutrition consultant:

Pat Cook	NSLP Nutrition Consultant	775-687-9219
Virginia Beck	NSLP Nutrition Consultant	702-486-6472
Katherine Stewart	RCCI/SMP Nutrition Consultant	775-687-9218

Special Milk Program Inventory Form (Optional)

	A	B	C	D	E	F	G	H	I	
1	Name of Organization:									
2	Month									
3	Beginning Milk Inventory (Gallons)	Inventory to Ounces	Date	# Milk Gallons Purchased for the month	Inventory to Ounces	# of 4 oz Milk Servings used Daily for Students	# of 4 oz Milk Servings used Daily for Adults	# of 4 oz Milk Servings used Daily for Cooking	Ending Inventory in ounces	
4		0	1		0				0	
5		0	2		0				0	
6		0	3		0				0	
7		0	4		0				0	
8		0	5		0				0	
9		0	6		0				0	
10		0	7		0				0	
11		0	8		0				0	
12		0	9		0				0	
13		0	10		0				0	
14		0	11		0				0	
15		0	12		0				0	
16		0	13		0				0	
17		0	14		0				0	
18		0	15		0				0	
19		0	16		0				0	
20		0	17		0				0	
21		0	18		0				0	
22		0	19		0				0	
23		0	20		0				0	
24		0	21		0				0	
25		0	22		0				0	
26		0	23		0				0	
27		0	24		0				0	
28		0	25		0				0	
29		0	26		0				0	
30		0	27		0				0	
31		0	28		0				0	
32		0	29		0				0	
33		0	30		0				0	
34		0	31		0				0	
35	0		Total	0		0	0	0	0	
36	Equivalent # 8 oz Cartons Served									
37	To obtain ending inventory,									
38	+A*128 +D*128 -F*4 -G*4 -H*4						0	0	0	
39										
40	Note:									
41	Purchase receipts should									
42	match the # of ounces of milk									
43	purchased in column D									

[This page left intentionally blank]

SMP - Reimbursement Claim Documentation

 Claim Month:

 Claim Year:

 Sponsor:

Purchase					USED					
A	B	C	E	F	G	H	J	K	L	M
Site	\$\$ Dollar Cost of Milk	Enter data here only if you purchase milk by bulk units Total Units of Milk Purchased (Gallons)	Total 8 oz Equivalents of milk Purchased	8 ounce Equivalents or 1/2 Pint Cartons of milk Purchased	Average Cost of milk per 8 oz equivalent or 1/2 Pint cartons (col B total / col F total)	Enter data here only if you purchase milk by bulk units Total Units of Milk Used (Gallons)	Total 8 oz Equivalents of milk Used	Total 8 oz Equivalents or 1/2 Pint Cartons of milk served to Children - No milk for cooking or adults allowed for reimbursement	Total 8 oz Equivalents utilized by adults or used in cooking and/or destroyed	Total Eligible Children by site participating in Non-Pricing Programs or Participating Children in Pricing Programs. (Count each child only 1 time during month)
			0		Column Total Automatically Computes Below - (Column B / Column F)		0			
			0				0			
			0				0			
			0				0			
			0				0			
			0				0			
			0				0			
			0				0			
			0				0			
			0				0			
			0				0			
			0				0			
			0				0			
Total			0				0			

Total Beginning Inventory
 Total Milk Purchased (units)
 Total Milk Used Outside Program (Adult use or Cooking) or Destroyed
 Total Milk Used (units) →
 Total Ending Inventory Carried Forward to next
 Ending Inventory Verified By: Date:

Instructions for completing SMP - Reimbursement Claim Documentation:

Purchased Milk

1. Enter claim month, claim year, and sponsor name. (line 2) Example: Claim Month: July 2008 Claim Year: SY 2009
2. Enter purchase invoices or receipts to determine cost of milk purchased within claim month. (Column B)
3. Convert purchases to 8 oz equivalents if bulk milk product is utilized.. An automatic converter from gallons to 8 oz equivalents is provided. (Column C-E)
4. Enter the 8 oz equivalents or 1/2 pint cartons purchased. (Column F)
5. The average cost of each 8 oz equivalent is automatically determined in the total line of Column G. (Column B total / Column F total)

Used Milk

5. Convert milk used to 8 oz equivalents if bulk milk product is purchased. An automatic converter from gallons to 8 oz equivalents is provided. (Column H-J)
6. Enter the amount of milk served by site. (column K)
7. Enter the amount of milk (8 oz equivalents) used in cooking, used by adults, or destroyed for any reason. (column L.)
8. Enter the total number of eligible children at each special milk site. (column M)

Inventory Reconciliation:

8. Enter the Beginning Inventory. (column D) **+**
9. The program carries down the amount of milk in 8 oz equivalents or 1/2 pint cartons that was purchased. (Total Column F) **+**
10. The program carries down the amount of milk in 8 oz equivalents or 1/2 pint cartons that was destroyed, used in cooking, or used by adults. (Total Column L) **-**
11. The program carries down the amount of milk in 8 oz equivalents or 1/2 pint cartons that was consumed (used) by children. (Total K) **-**
12. Verify and reconcile the ending inventory computed with inventory records. (column D) **=**

Adjustments to inventory must be explained and entered into the appropriate column as required.

Data Transfer to Consolidated Claim for Reimbursement and Site Claim Forms

13. Transfer the data indicated in column E to the Monthly Site Claim. Ensure that the Consolidated Claim for Reimbursement totals correctly.
14. Forward a copy of this documentation to the SMP consultant by mail: 700 E 5th St. Suite #109, Carson City, Nevada 89701 or by email: kstewart@doe.nv.gov

RACIAL/ETHNIC PARTICIPANT DATA REPORT
National School Lunch and Breakfast Program

Collecting and Maintaining Actual Beneficiary Data

One of the requirements for civil rights compliance in the National School Lunch and Breakfast Programs (NSLP/SBP) is an annual collection of the racial/ethnic data for free and reduced price eligible participants. Ethnic data is required to be collected and reported first.

- Provide actual racial/ethnic breakdown information in the boxes below for the applications you have for SY 2008 on file through 10/31.

	<u>RACIAL CATEGORY DEFINITIONS:</u>
American/Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<u>Black or African-American</u>	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaiians, Guam, Samoa, or other Pacific Islands.
Two or More Races	A person having racial origins with two or more of the listed racial category definitions.
White	Persons having origins in any of the original peoples of Europe, Middle East, or North Africa.
Hispanic/Latino	A person having racial origins with any of the commonly defined Hispanic groups.

APPROVED:

American Indian/Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic Latino	or	Two or More Races		Total
								=	

DENIED:

American Indian/Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic Latino	or	Two or More Races		Total
								=	

- Describe the Collection Method used in obtaining the information listed under number 1.

 Sponsor

 Date

 Sponsor's Authorized Representative's Signature

 Sponsor's Authorized Representative's Name & Title