Department of Education

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Cynthia Marten
Secretary of Education
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June 22, 2026

MEMORANDUM

TO: School Nutrition Supervisors
Single Unit and Special School Administrators

FROM: Aimee F. Beam, MS, RD
Director, Nutrition Programs

RE: **SY 2025-2026 Operational Memo #33**
School Nutrition Application Renewal - School Year 2026-2027

This memo is being sent to inform you of the requirements for reapplication for SY 2026–2027. All required forms and DENARS items are due by the **close of business on July 17, 2026**. School Food Authorities (SFAs) operating the National School Lunch Program (NSLP) or School Breakfast Program (SBP) in July 2026 have a deadline of July 10, 2026. Attached to this memo you will find:

- 2026 SFA Reapplication PowerPoint
- SY 2026-2027 Renewal Checklist for SFAs
- Prototype Meal Benefit Forms and the Prototype Instructions (English and Spanish)
- Notification Letter to Households 2026-2027 (Public School)
- Notification Letter to Households 2026-2027 (Private School)
- Income Eligibility Guidelines (IEGs) 2026-2027
- Financial Report Instructions

Melissa Sayers and Chaneya Edwards will be tracking reapplication. Reapplication has been assigned as follows:

Melissa Sayers **melissa.sayers@doe.k12.de.us** **(302) 857-3377**	**Chaneya Edwards** **chaneya.edwards@doe.k12.de.us** **(302) 857-3319**
Charters	Districts
Non-Public Schools	RCCIs
Special Schools	

Please send documents to the following email address: schoolnutrition@doe.k12.de.us. If you have questions or need assistance, please call the office at 302-857-3356.

Failure to complete all requirements of the renewal process by the deadline will result in approval of the application renewal with a payment hold until all required documents have been submitted. Any other outstanding program requirements (late reports, etc.) may also result in a payment hold.

cc: Nutrition Team

Attachments:
Annual SNP Reapplication 2026-2027 PowerPoint
SY 2026-2027 Renewal Checklist for SFAs
Prototype MBF Instructions – English (SP 16-2023a3EnglishInst.pdf)
Prototype MBF Instructions – Spanish (SP 16-2023a5SpanishInst.pdf)
Prototype MBF – English (SP 17-2023a6EnglishWord.docx)
Prototype MBF – Spanish (SP 16-2023a7SpanishWord.docx)
Notification Letter to Households 2026-2027 Private Schools
Notification Letter to Households 2026-2027 Public Schools
IEGs 2026-2027
Instructions for Completing Financial Report in DENARS 2026

School Nutrition Program Renewal Application and Agreement Checklist

SFA NAME: _____ SCHOOL YEAR: **2026-2027**

Part I-A: Documentation required:

_____ 1. Income Eligibility Guidelines July 1, 2026 - June 30, 2027 on letterhead (**N/A if District-Wide CEP**)
_____ 2. Agreement to Furnish/Purchase Meals (**if vending meals from another SFA**)
_____ 3. RCCI - Current DSCYF License (**if applicable**)
_____ 4. CEP Addendum to Agreement **(for new CEP cycle/schools)**
_____ 5. SNP Agreement for Participation **(if applicable)**

Part I-B: Optional Documentation if not using State Prototype

_____ 1. Meal Benefit Form with Letter to Households & Instructions for Completion **(N/A if District-Wide CEP)**

Part II: Procurement from FSMC or Pre-Plated Meals Vendor (if applicable):

_____ **A. Conducting Bid or Proposal**

_____ 1. Copy of Public Solicitation as it Appeared in Publication
_____ 2. Notes from Bid Opening: respondents and price quotes
_____ 3. Copy of RFP or IFB
_____ 4. DDOE Contract with Successful Bidder **BEFORE** SFA signs
_____ 5. Disclosure of Lobbying Activities
_____ 6. Independent Price Determination
_____ 7. Copy of Vendor Business License
_____ 8. Debarment & Suspension Form
_____ 9. 21-Day Cycle Menu
_____ 10. Drug-Free Workplace Requirements

_____ **B. Renewal Year**

_____ 1. Contract Renewal
_____ 2. Lobbying Activities
_____ 3. Independent Price Determination
_____ 4. Copy of DE Business License
_____ 5. Debarment & Suspension Form
_____ 6. Copy of Current Food Establishment Permit and most recent Health Inspection Report

Part III: Completion of Application Packet in DENARS

_____ 1. Sponsor Application
_____ 2. Site Applications **(NSLP/SBP/FFVP/ASSP)**
_____ 3. Food Service Fact Sheet (**if using a FSMC or Commercial Vendor**)
_____ 4. Annual Audit Status Certification Form (**completed in Program Year 2026-2027; report data from the last complete fiscal year**)
_____ 5. CEP Schedule (**if any school(s) are participating in CEP**)
_____ 6. Financial Report Completed **SY 2026-2027 for Reporting Period 2025-2026**
_____ 7. Checklist under Application Packet (**if applicable**)
_____ 8. Food Safety Inspection Report **(completed based on inspections in SY 2025-2026)**

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the [Insert School District].**

The application must be filled out completely to determine the eligibility of your child(ren) 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 [Insert school/school district contact here; phone and email preferred].

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) [school/school system here].

A) List each child's name.	B) Is the child a student?	C) Do you have any foster children?	D) Are any children homeless, migrant, or runaway?
A) 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 (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.	**B) Is the child a student?** If "Yes," write the grade level of the student in the "Grade" column to the right.	**C) 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. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	**D) 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. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

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) or [Insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [Insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:	**B) If anyone in your household participates in any of the above listed programs:**
• Check "No" in **Step 2** and go to **Step 3.**	• 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: [Insert State/local agency contacts here]. • Go to **Step 4**.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled **"Sources of Income"** & **"Examples of Income for Children,"** 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 and deductions.
  - 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.
- 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 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.**

Step 3: List ALL household members and income for each member

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)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in **Step 1**.

2) List earnings from work.
List all 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. Net income is your income after taxes and deductions have been subtracted.

- ***What if I have multiple jobs?*** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- ***What if I am self-employed?*** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.
List 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.

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

- ***What if I receive income from multiple sources in this category?*** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List 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.

6) 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 Social Security Number."

3.B List income earned by children

List all income earned or received by children.
List 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.

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 statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**B) 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."	**C) Mail completed application to:** Insert School/District address here

Optional

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO <u>NOT</u> mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

Prototype Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 **List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.**

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 **Do any household members (including you) participate in: SNAP, TANF, or FDPIR?**

○ **NO** ➔ Go to STEP 3. ○ **YES** ➔ Write case number here and proceed to STEP 4. **CASE NUMBER (NOT EBT NUMBER):** Write only one case number in this space.

STEP 3 **List ALL household members and income for each member (before taxes and deductions)**

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2X Month	Monthly	Annual
$	○	○	○	○	○

STEP 4 **Contact information and adult signature.** **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** **Insert school address here**

"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 (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans' benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

Examples of Income for Children
• A child has a regular full or part-time job where they earn a salary or wages
• 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
• A friend or extended family member regularly gives a child spending money
• A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

Determining Official's Signature | Date | Confirming Official's Signature | Date | Verifying Official's Signature | Date

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.

Return completed form to your child's school.

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

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

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

Cómo solicitar comidas escolares sin costo y a precio reducido

Siga estas instrucciones para ayudarse a completar la solicitud de comidas escolares sin costo y a precio reducido. Solo es necesario presentar una solicitud por hogar, **incluso si sus niños/as asisten a más de una escuela en el [Insert School District].**

La solicitud debe completarse en su totalidad para determinar la elegibilidad de su(s) niños/as para recibir comidas escolares sin costo o a precio reducido. ¡Siga estas instrucciones en orden! Todos los pasos de las instrucciones son los mismos que los de su solicitud. Si en algún momento no está seguro de qué hacer a continuación, comuníquese con [Insert school/school district contact here; phone and email preferred].

Useun bolígrafo (no un lápiz) al completar la solicitud y haga todo lo posible por escribircon letra de imprenta clara.

Paso 1: Enumere a TODOS los niños/as, bebés y estudiantes de hasta 12º grado

Díganos cuántos bebés, niños/as pequeños, niños/as que no van a la escuela y estudiantes de primaria, secundaria o preparatoria viven en su hogar. NO tienen que ser familiares suyos para formar parte de su hogar.

¿A quién debo mencionar aquí? Cuando complete esta sección, incluya a TODOS los miembros de su hogar que son:

- niños/as de 18 años o menos y reciban sustento con los ingresos del hogar;
- niños/as bajo su cuidado en virtud de un acuerdo formal de cuidado *foster* a través de un tribunal o de una agencia estatal o local, o que cumplan los requisitos para ser considerados menores sin hogar, migrantes o que huyeron del hogar;
- estudiantes que asisten, independientemente de su edad, a [school/school system here].

A) Mencione el nombre de cada niño/a.	B) ¿El niño/a es estudiante?	C) ¿Tiene algunos niños/as que son *foster children*?	D) ¿Hay niños/as sin hogar, migrantes o que huyeron del hogar?
Escriba en letra de molde el nombre de cada niño/a. Use una línea de la solicitud para cada niño/a. Cuando anote los nombres, escriba una letra en cada casilla. Deténgase si se queda sin espacio. Si hay más niños/as presentes que líneas en la solicitud, adjunte una segunda hoja de papel (o una segunda solicitud si se completa electrónicamente) con toda la información requerida para los niños/as adicionales. Esto también se aplica a los adultos en el Paso 3. "MI" es la abreviatura de la inicial del segundo nombre. Escriba en el recuadro la primera letra del segundo nombre de cada niño/a.	En caso afirmativo, escriba el grado del alumno en la columna "Grado" de la derecha.	Si alguno de los niños/as que aparecen en la lista es un *foster child*, marque la casilla *"foster child"* junto al nombre del niño/a. Si SOLO solicita para niños/as que son *foster children*, después de terminar el **Paso 1**, continúe al **Paso 4**. Los niños/as que son *foster children* que viven con usted pueden considerarse miembros de su hogar y deben incluirse en la solicitud. Si presenta una solicitud tanto para niños/as que son *foster children* y que no son *foster children*, continúe al Paso 3. Nota: Los niños/as adoptados no se consideran un *foster child*. Un *foster child* es un niño/a menor de edad bajo custodia estatal que se asigna a un adulto autorizado por el estado y que cuida al niño/a en lugar de su padre, madre o tutor legal.	**¿Hay niños/as sin hogar, migrantes o que huyeron del hogar?** Si cree que alguno de los niños/as incluidos en esta sección cumple con esta descripción, marque la casilla "sin hogar, migrante o huyó del hogar" junto al nombre del niño/a y complete todos los pasos de la solicitud. La condición de sin hogar, migrante o huyó del hogar debe confirmarse con el personal del programa correspondiente. Si el distrito escolar no puede confirmar que el estudiante en esta solicitud tiene la condición de sin hogar, migrante o huyó del hogar, entonces el distrito escolar se comunicará con usted para completar una solicitud basada en los ingresos. Puede elegir proporcionar la información sobre sus ingresos ahora para evitar que el distrito escolar tenga que comunicarse con usted más adelante.

Paso 2: ¿Algún miembro del hogar participa actualmente en SNAP, TANF o FDPIR?

Si algún miembro de su hogar (incluido usted) participa actualmente en uno o varios de los programas de asistencia que se mencionan a continuación, sus niños/as tienen derecho a recibir comidas escolares sin costo:

- El Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés) o [Insert State SNAP here].
- Programa de Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés) o [Insert State TANF here].
- El Programa de Distribución de Alimentos en las Reservas Indígenas (FDPIR, por sus siglas en inglés).

A) Si ningún miembro de su hogar participa en ninguno de los programas indicados anteriormente:	**B) Si algún miembro de su hogar participa en alguno de los programas mencionados:**
• Marque "No" en el **Paso 2** y continúe al **Paso 3.**	• Escriba un número de caso para SNAP, TANF o FDPIR. Solo necesita proporcionar un número de expediente. Si participa en uno de estos programas y no conoce su número de caso, comuníquese con: [Insert State/local agency contacts here] • Continúe al **Paso 4**.

Paso 3: Mencione a TODOS los miembros del hogar y los ingresos de cada miembro

¿Cómo informo mis ingresos?

- Use las listas tituladas **"Fuentes de ingresos"** y **"Ejemplos de ingresos para niños/as"** que aparecen en página 2 del formulario de solicitud, para determinar si su hogar tiene ingresos que declarar.
- Informe todas las cantidades en la sección de SOLO INGRESOS BRUTOS. Informe sobre todos los ingresos en dólares redondeados. No incluya centavos.
  - Los ingresos brutos son los ingresos totales percibidos **antes** de impuestos y deducciones.
  - Muchas personas piensan que los ingresos son la cantidad que "se llevan a casa" y no la cantidad total "bruta". Asegúrese de que los ingresos que declara en esta solicitud NO se han reducido para pagar impuestos, primas de seguros o cualquier otra cantidad que se le haya descontado de su salario.
- Escriba un "0" en los campos en los que no haya ingresos que declarar. Cualquier campo de ingresos que se deje vacío o en blanco también se contará como un cero. Si escribe "0" o deja algún campo en blanco, usted certifica (garantiza) que no hay ingresos que declarar. Si los funcionarios locales sospechan que sus ingresos familiares se declararon incorrectamente, se investigará su solicitud.
- Marque la frecuencia con la que recibe cada tipo de ingreso utilizando las casillas de verificación situadas a la derecha de cada campo.

3.A. Informe de los ingresos obtenidos por los adultos del hogar

¿A quién debo mencionar aquí?

- Al completar esta sección, incluya a TODOS los miembros adultos de su hogar que vivan con usted y compartan ingresos y gastos, aunque no sean familiares y aunque no perciban ingresos propios.
- ***NO incluya:***
  - Personas que viven con usted, pero no reciben sustento con los ingresos de su hogar Y no aportan ingresos a su hogar.
  - Bebés, niños/as y estudiantes ya mencionados en el **Paso 1.**

Paso 3: Mencione a TODOS los miembros del hogar y los ingresos de cada miembro

1) Mencione los nombres de los miembros adultos del hogar.

Escriba el nombre de cada miembro del hogar en las casillas "Nombres de los miembros adultos del hogar (nombre y apellido)". Incluya a los estudiantes universitarios, a menos que declaren sus impuestos de manera independiente (todos los estudiantes universitarios se consideran adultos). No incluya a ninguno de los miembros del hogar mencionados en el **Paso 1**.

2) Mencione los ingresos por trabajo.

Indique todos los ingresos por trabajo en el campo "Ingresos por trabajo" de la solicitud. Se trata generalmente del dinero recibido por empleos. Si trabaja por cuenta propia o es propietario de una granja, declarará sus ingresos netos. Los ingresos netos son los ingresos después de restar los impuestos y las deducciones.

- ***¿Y si tengo varios trabajos?*** Mencione cada trabajo por separado escribiendo su nombre y los ingresos de cada uno en una línea nueva. Agregue una hoja de papel adicional si es necesario.
- ***¿Qué pasa si trabajo de manera autónoma?*** Indique los ingresos de su empresa como importe neto. Este importe neto se calcula restando los gastos totales de su empresa de sus recibos brutos (ingresos). Los ingresos brutos son todos los ingresos obtenidos por la venta de cualquier producto o servicio ofrecido.

Si uno de los niños/as mencionados en el **Paso 1** tiene ingresos, siga las instrucciones del **Paso 3, Parte B.**

3) Mencione los ingresos procedentes de asistencia pública, pensión alimenticia, manutención de menores.

Indique todos los ingresos que apliquen en el campo de "Asistencia pública, pensión alimenticia, manutención" de la solicitud. No informe el valor en efectivo de ninguna prestación de asistencia pública que NO aparezca en el cuadro. Si los ingresos provienen de la manutención de menores o de una pensión alimenticia, declare únicamente los pagos ordenados por el tribunal. Los pagos informales pero regulares deben consignarse como "otros" ingresos en la siguiente parte.

4) Mencione los ingresos procedentes de pensiones, jubilaciones u otros ingresos.

Mencione todos los ingresos aplicables en el campo "Pensiones, jubilación, seguridad social, Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés), beneficios de la Administración de Veteranos (VA, por sus siglas en inglés), todos los demás ingresos" de la solicitud.

- ***¿Qué ocurre si recibo ingresos de varias fuentes en esta categoría?*** Mencione cada categoría por separado introduciendo su nombre y los ingresos de cada uno en una línea nueva. Agregue una hoja de papel adicional si es necesario.

5) Mencione la cantidad de miembros del hogar.

Introduzca el número total de miembros del hogar en el campo "Total de miembros del hogar (niños/as y adultos)". Este número DEBE ser igual al número de miembros del hogar que se mencionan en el **Paso 1** y el **Paso 3**. Si hay algún miembro de su hogar que no haya incluido en la solicitud, regrese a la solicitud y agréguelo. Es muy importante incluir a todos los miembros del hogar, ya que esto influye su derecho a recibir comidas sin costo y a precio reducido.

6) Indique los cuatro últimos dígitos de su número del Seguro Social.

Un miembro adulto del hogar debe introducir los cuatro últimos dígitos de su número del Seguro Social en el espacio proporcionado. Usted es elegible para solicitar beneficios incluso si no tiene un número del Seguro Social. Si ningún miembro adulto del hogar tiene número del Seguro Social, deje este espacio en blanco y marque la casilla a la derecha que dice "Marque si no tiene número del Seguro Social".

3.B Indique los ingresos obtenidos por los niños/as

Enumere todos los ingresos obtenidos o recibido por los niños/as.

Enumere los ingresos brutos combinados de TODOS los niños/as mencionados en el **Paso 1** de su hogar en la casilla "Ingresos de los niños/as". Solo cuente los ingresos de un *foster child* si solicita para ellos junto con el resto de los miembros del hogar.

- ***¿Qué son los ingresos de los* niños/as*?*** Los ingresos de los niños/as son dinero recibido fuera de su hogar que se paga DIRECTAMENTE a los niños/as. Muchos hogares no tienen ingresos de los niños/as.

Paso 4: Información de contacto y firma del adulto

Todas las solicitudes deben ir firmadas por un adulto del hogar. Al firmar la solicitud, dicho adulto del hogar garantiza que la información incluida está completa y es verdadera. Antes de completar esta sección, asegúrese también de leer las instrucciones que aparecen en la página 2 de la solicitud.

A) Proporcione su información de contacto. Escriba su dirección postal actual en los campos previstos, si tiene esta información. Si no tiene dirección permanente, está bien. Compartir un número de teléfono, una dirección de correo electrónico, o ambos, es opcional, pero nos ayuda a localizarle rápidamente si necesitamos comunicarnos con usted.	**B) Escriba y firme con su nombre y la fecha de hoy.** Escriba en letra de molde el nombre del adulto que firma la solicitud y esa persona debe firmar en la casilla "Firma del adulto".	**C) Envíe por correo la solicitud completa a:** Insert School/District address here

Opcional

Comparta las identidades raciales y étnicas de los niños/as (opcional). En la página 2 de la solicitud, le pedimos que comparta información sobre la raza y el origen étnico de los niños/as. Este campo es opcional y no afecta la elegibilidad de sus niños/as para recibir comidas sin costo o a precio reducido. Esta información se solicita únicamente con el fin de determinar el cumplimiento por parte del estado de las leyes federales de derechos civiles y su respuesta no afectará a la consideración de su solicitud, y puede estar protegida por la Ley de Privacidad. Al proporcionar esta información, nos ayudará a garantizar que este programa se administre de forma no discriminatoria.

Devuelva la solicitud directamente a la ESCUELA de su niño/a. NO envíe por correo, fax, ni correo electrónico las solicitudes completas o preguntas sobre las solicitudes a la Oficina del Secretario Adjunto de Derechos Civiles del Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) o se retrasará la elegibilidad de su niño/a para recibir comidas sin costo o a precio reducido.

Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares

Complete una solicitud por hogar. Use bolígrafo (no use lápiz).

PRESENTE SU SOLICITUD EN LÍNEA:
DEVUÉLVALA A (nombre de la escuela o del distrito):
DIRECCIÓN:

PASO 1 Enumere a TODOS los niño/as, bebés y estudiantes de hasta 12º grado. Adjunte otra hoja si necesita espacio para más nombres.

Enumere a TODOS los niño/as del hogar. No olvide mencionar a los bebés, los niño/as que asisten a otras escuelas, los niño/as que no asisten a la escuela y los niño/as que no solicitan beneficios. Esto incluye a los niño/as que no tienen parentesco con usted y viven en su hogar.

El primer nombre del niño/a	*MI*	Apellido(s) del niño/a	Grado	*Foster child*	Migrante	Huyó del hogar	Sin hogar
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Marque todas las opciones

Si marcó alguna de estas casillas, consulte las instrucciones de la solicitud, Paso 1: Parte C y Parte D.

PASO 2 ¿Algún miembro del hogar (incluido usted) participa en el Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés), o el Programa de Distribución de Alimentos en las Reservas Indígenas (FDPIR, por sus siglas en inglés)?

○ **NO ➔** Continúe al PASO 3. ○ **SÍ ➔** Escriba el número de caso aquí y continúe al PASO 4.

NÚMERO DE CASO (NO EL NÚMERO DE TRANSFERENCIA ELECTRÓNICA DE BENEFICIOS [EBT, por sus siglas en inglés]): ______

Escriba solo un número de caso en este espacio

PASO 3 Enumere a TODOS los miembros del hogar y los ingresos de cada uno de ellos (antes de impuestos y deducciones)

A. Todos los miembros adultos del hogar (cualquier persona, aunque no sea pariente, que viva con usted y comparta ingresos y gastos, incluyendo usted mismo). Enumere a todos los miembros adultos del hogar que no se hayan mencionado en el PASO 1 (incluido usted), aunque no reciban ingresos. Para cada miembro del hogar que se haya enumerado, si recibe ingresos, indique los ingresos brutos totales (antes de impuestos y deducciones) de cada fuente únicamente en cantidades redondeadas (sin centavos). Si no recibe ingresos de ninguna fuente, escriba "0". Si escribe "0" o deja algún campo en blanco, certifica (garantiza) que no hay ingresos que declarar.

Nombre de los miembros adultos del hogar (nombre y apellido)	Ingresos del trabajo	¿Con qué frecuencia se reciben? Semanalmente	Cada 2 semanas	2 veces al mes	Mensualmente	Anualmente	Asistencia pública, pensión alimenticia, manutención	¿Con qué frecuencia se reciben? Semanalmente	Cada 2 semanas	2 veces al mes	Mensualmente	Pensiones, jubilación, seguridad social, Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés), beneficios de la Administración de Veteranos (VA, por sus siglas en inglés), todos los demás ingresos	¿Con qué frecuencia se reciben? Semanalmente	Cada 2 semanas	2 veces al mes	Mensualmente
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total de miembros del hogar (niño/as y adultos) ______

Cuatro últimos dígitos del Número de Seguro Social de la persona que tenga el salario principal u otro miembro adulto del hogar (si corresponde) ______

Marque si no tiene número de Seguro Social ☐

Consulte la lista de las fuentes de ingresos al reverso de la solicitud.

B. Ingresos de los niño/as

A veces los niño/as del hogar obtienen o reciben ingresos. Incluya aquí los ingresos TOTALES (antes de impuestos y deducciones) recibidos por TODOS los niño/as que se hayan enumerado en el PASO 1.

Ingresos de los niño/as	¿Con qué frecuencia se reciben? Semanalmente	Cada 2 semanas	2 veces al mes	Mensualmente	Anualmente
$	○	○	○	○	○

PASO 4 Información de contacto y firma del adulto. <u>DEVUELVA EL FORMULARIO COMPLETADO A LA ESCUELA DE SU NIÑO/A:</u> Escriba aquí la dirección de la escuela ______

"Certifico (garantizo) que toda la información que aparece en esta solicitud es verdadera y que se declararon todos los ingresos. Entiendo que esta información se proporciona en relación con la recepción de fondos federales y que los funcionarios de la escuela pueden verificar (confirmar) la información. Soy consciente de que si proporciono información falsa intencionalmente, mis niño/as pueden perder los beneficios de comidas y se me podría procesar de acuerdo con las leyes estatales y federales aplicables".

Nombre en letra de imprenta del adulto que firma el formulario ______ Firma del adulto ______ Fecha de hoy ______

Dirección postal (si está disponible) ______ Ciudad ______ Estado ______ Código postal ______ Teléfono (opcional) ______ Correo electrónico (opcional) ______

FUENTES Y EJEMPLOS DE INGRESOS

Para obtener información adicional sobre ingresos, consulte las instrucciones que acompañan esta solicitud.

Fuentes de ingresos

Ingresos del trabajo	Asistencia pública/manutención/ pensión alimenticia	Pensiones/jubilación/todas las demás fuentes de ingresos
• sueldos, salarios, bonos en efectivo, propinas, comisiones • ingresos netos del trabajo por cuenta propia (agrícola o empresarial) **Sí forma parte de las Fuerzas Armadas de EE. UU.:** • pago básico y bonos en efectivo (NO incluya pago por combate, asignación familiar suplementaria de subsistencia [FSSA, por sus siglas en inglés] ni subsidios para vivienda privada) • subsidios para alojamiento fuera de la base, comida y vestimenta	• beneficios por desempleo • compensación para los trabajadores • Seguridad de Ingreso Suplementario (SSI) • asistencia en efectivo del estado o el gobierno local • pagos de manutención • pagos de pensión alimenticia • beneficios para veteranos • beneficios por huelga	• seguridad social, discapacidad (incluidos los beneficios de jubilación de los empleados ferroviarios y beneficios de los mineros de carbón) • pensiones privadas o beneficios por discapacidad • ingresos procedentes de fideicomisos o herencias • anualidades • ingresos por inversiones • intereses devengados • ingresos por arrendamiento • pagos regulares en efectivo provenientes de fuentes externas

Ejemplos de ingresos de los niño/as

- Un niño/a tiene un empleo regular de tiempo completo o medio tiempo en el que gana un sueldo o salario.
- Un niño/a es ciego o discapacitado, y recibe beneficios del Seguro Social.
- El padre o la madre tiene una discapacidad, se jubiló o falleció, y su niño/a recibe beneficios del Seguro Social.
- Un amigo o un miembro de la familia extendida proporciona dinero al niño/a regularmente para sus gastos.
- Un niño/a recibe regularmente ingresos de un fondo de pensión privado, anualidad o fideicomiso.

OPCIONAL

Identidades étnicas y raciales de los niño/as. Esta información es confidencial y es posible que esté protegida por la Ley de Privacidad de 1974.

Estamos obligados a pedir información sobre la raza y el origen étnico de sus niño/as. Esta información es importante y ayuda a garantizar que sirvamos plenamente a nuestra comunidad. Responder esta sección es opcional y no afecta la elegibilidad de sus niño/as para recibir comidas sin costo o a precio reducido.

Origen étnico (marque una opción): ☐ Hispano o latino (una persona de cultura u origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano, o de otra cultura u origen español, independientemente de la raza) ☐ Ni hispano ni latino

Raza (marque una o más opciones): ☐ Indígena americano o nativo de Alaska ☐ Asiático ☐ Negro o afroamericano ☐ Nativo de Hawái o de otras islas del Pacífico ☐ Blanco

Devuelva este formulario completado a la escuela de su niño/a. *No envíe por correo postal, fax o correo electrónico las solicitudes completadas a la Oficina del Secretario Adjunto de Derechos Civiles del Departamento de Agricultura de los EE. UU.

NO LLENAR

Solo para uso de la escuela.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income _____

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
○	○	○	○	○

Household size _____

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

_____ Determining Official's Signature _____ Date

_____ Confirming Official's Signature _____ Date

_____ Verifying Official's Signature _____ Date

Declaración sobre el uso de la información _____

La Ley Nacional de Almuerzos Escolares Richard B. Russell exige que utilicemos la información de esta solicitud para determinar qué personas reúnen los requisitos para recibir comidas sin costo o a precio reducido. Solo podemos aprobar formularios completos. Es posible que compartamos su información de elegibilidad con programas educativos, de salud y de nutrición para ayudarles a proporcionar los beneficios del programa para su hogar. Los inspectores y las fuerzas del orden público también pueden usar su información para asegurarse de que se cumplan las reglas del programa.

Asegúrese de proporcionar los cuatro últimos dígitos del número de Seguro Social del adulto del hogar que firma la solicitud. Si el adulto no tiene este número, seleccione la caja al lado de "Marque si no tiene número de Seguro Social". Las solicitudes para un niño/a de acogida temporal no necesitan incluir un número de Seguro Social. Las solicitudes para los niño/as de hogares que reciben el Programa de Asistencia Nutricional Suplementaria (SNAP), el Programa de Asistencia Temporal para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en las Reservas Indígenas (FDPIR) no necesitan incluir un número de Seguro Social. Algunos niño/as reúnen los requisitos para recibir comidas sin costo sin necesidad de presentar una solicitud. Comuníquese con su escuela para recibir comidas sin costo para un *foster child* y para niño/as sin hogar, migrante o que huyó del hogar.

Devuelva el formulario completado a la escuela de su niño/a.

La información de contacto que aparece más adelante es únicamente para presentar una queja por discriminación.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

*Correo: 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; o

Correo electrónico: Program.Intake@usda.gov

*** No envíe solicitudes a esta dirección; solo quejas por discriminación.**

Esta institución es un proveedor que ofrece igualdad de oportunidades.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day. Breakfast is free for all students. Delaware provides universal free breakfast for all students regardless of income. Lunch costs **[$]**. Reduced-price meals cost $0 for breakfast and for lunch **Households must still complete a Meal Benefit Form to qualify.** 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 **DE-SNAP, the Food Distribution Program on Indian Reservations (FDPIR)]** or **DE-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:

FEDERAL ELIGIBILITY INCOME CHART for School Year 2026 - 2027			
Household size	Yearly	Monthly	Weekly
1	$29,526	$2,461	$568
2	$40,034	$3,337	$770
3	$50,542	$4,212	$972
4	$61,050	$5,088	$1,175
5	$71,558	$5,964	$1,377
6	$82,066	$6,839	$1,579
7	$92,574	$7,715	$1,781
8	$103,082	$8,591	$1,983
Each additional person:	$10,508	$876	$203

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 **[school, homeless liaison, or migrant coordinator].**

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one *"Application for School Meal Benefits."* 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]**.

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 that you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.

5. CAN I APPLY ONLINE? **[Yes!/No]** You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[website]** to begin or to learn more about the online application process. Contact **[name, address, phone number, e-mail]** if you have any questions about the online application.

6. 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 has told you that your child is eligible for the new school year.

7. 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 a completed application.

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

9. 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.

10. 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, e-mail]**.

11. 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.

12. 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 make $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.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some of the types of incomes that 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.

14. 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.

15. 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 **[name, address, phone number, e-mail]** to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **DE-SNAP** or other assistance benefits, contact your local assistance office or call **1-800-372-2022.**

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

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day. Breakfast costs **[$]**; lunch costs **[$]**. **Your child(ren) may qualify for free or reduced-price meals.** Reduced-price meals cost **[$]** for breakfast and **[$]** 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 **DE-SNAP, the Food Distribution Program on Indian Reservations (FDPIR)]** or **DE-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:

FEDERAL ELIGIBILITY INCOME CHART for School Year 2026 - 2027			
Household size	Yearly	Monthly	Weekly
1	$29,526	$2,461	$568
2	$40,034	$3,337	$770
3	$50,542	$4,212	$972
4	$61,050	$5,088	$1,175
5	$71,558	$5,964	$1,377
6	$82,066	$6,839	$1,579
7	$92,574	$7,715	$1,781
8	$103,082	$8,591	$1,983
Each additional person:	$10,508	$876	$203

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 **[school, homeless liaison, or migrant coordinator].**

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one *"Application for School Meal Benefits."* 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]**.

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 that you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.

5. CAN I APPLY ONLINE? **[Yes!/No]** You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[website]** to begin or to learn more about the online application process. Contact **[name, address, phone number, e-mail]** if you have any questions about the online application.

6. 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 has told you that your child is eligible for the new school year.

7. 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 a completed application.

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

9. 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.

10. 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, e-mail]**.

11. 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.

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

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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USDA is an equal opportunity provider, employer, and lender.

Delaware Department of Education

INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Effective Date: July 1, 2026 - June 30, 2027

These are the income scales used by Child Nutrition Programs to determine eligibility for free and reduced-price meals.

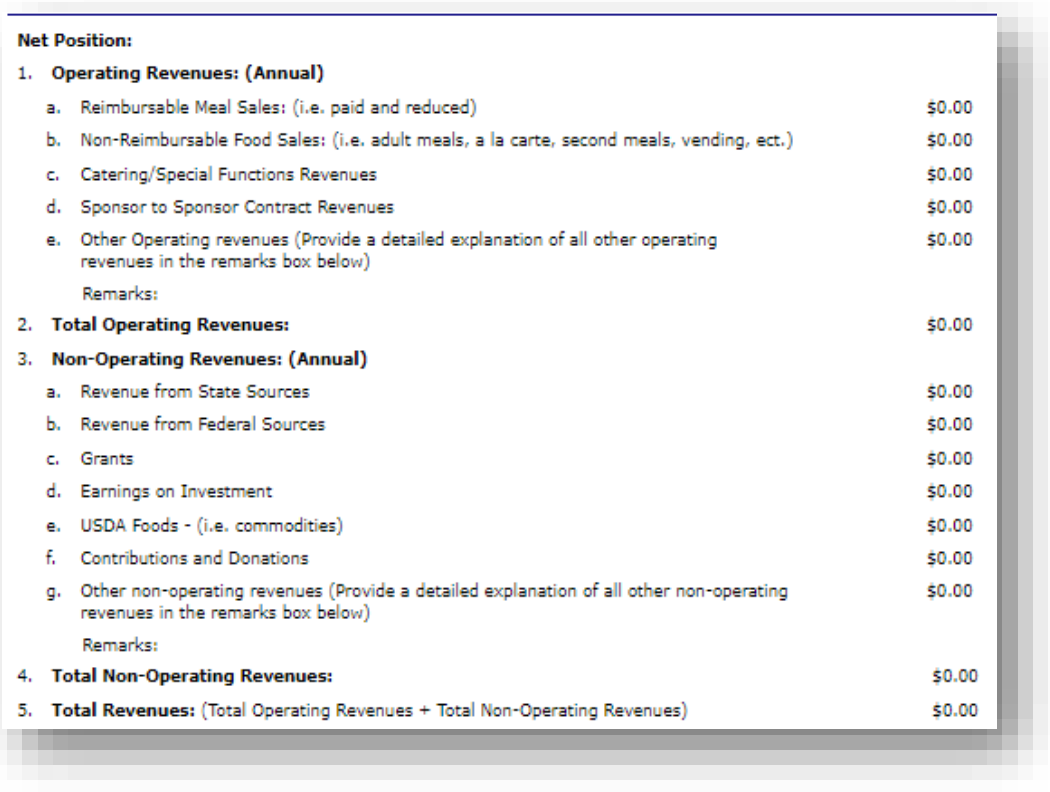
	Free Meals – 130%					Reduced Meals – 185%				
Household Size	Yearly	Monthly	Twice per Month	Every two weeks	Weekly	Yearly	Monthly	Twice per Month	Every two weeks	Weekly
1	$20,748	$1,729	$865	$798	$399	$29,526	$2,461	$1,231	$1,136	$568
2	$28,132	$2,345	$1,173	$1,082	$541	$40,034	$3,337	$1,669	$1,540	$770
3	$35,516	$2,960	$1,480	$1,366	$683	$50,542	$4,212	$2,106	$1,944	$972
4	$42,900	$3,575	$1,788	$1,650	$825	$61,050	$5,088	$2,544	$2,349	$1,175
5	$50,284	$4,191	$2,096	$1,934	$967	$71,558	$5,964	$2,982	$2,753	$1,377
6	$57,668	$4,806	$2,403	$2,218	$1,109	$82,066	$6,839	$3,420	$3,157	$1,579
7	$65,052	$5,421	$2,711	$2,502	$1,251	$92,574	$7,715	$3,858	$3,561	$1,781
8	$72,436	$6,037	$3,019	$2,786	$1,393	$103,082	$8,591	$4,296	$3,965	$1,983
For each additional household member, add:	$7,384	$616	$308	$284	$142	$10,508	$876	$438	$405	$203

April 10, 2026

Instructions for Completing the Annual Financial Report

Step 1: Complete the Annual Financial Report in DENARS

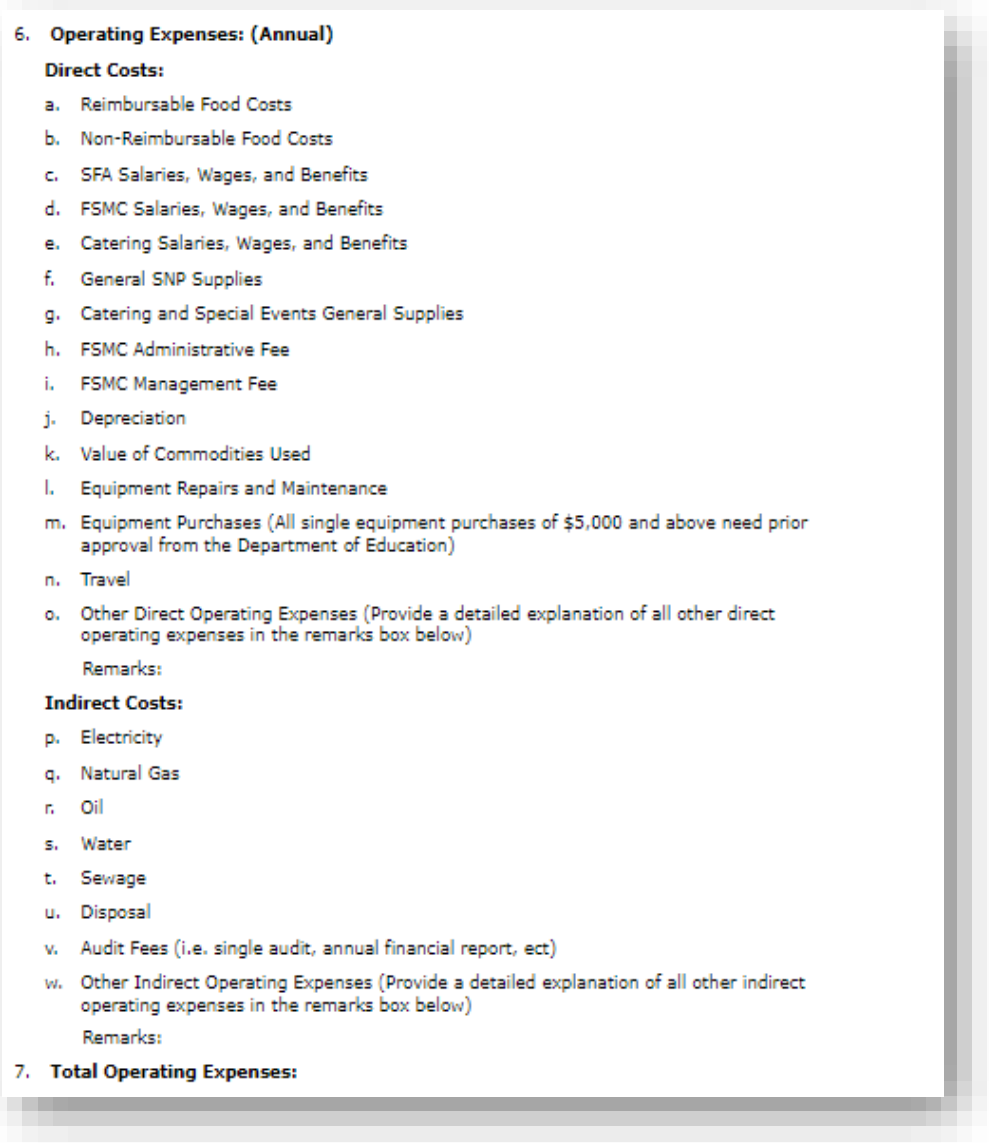
Net Position – There are several areas to complete in this section of the report. Not all areas apply to every SFA.



Net Position:		
1.	**Operating Revenues: (Annual)**	
a.	Reimbursable Meal Sales: (i.e. paid and reduced)	$0.00
b.	Non-Reimbursable Food Sales: (i.e. adult meals, a la carte, second meals, vending, ect.)	$0.00
c.	Catering/Special Functions Revenues	$0.00
d.	Sponsor to Sponsor Contract Revenues	$0.00
e.	Other Operating revenues (Provide a detailed explanation of all other operating revenues in the remarks box below)	$0.00
	Remarks:	
2.	**Total Operating Revenues:**	$0.00
3.	**Non-Operating Revenues: (Annual)**	
a.	Revenue from State Sources	$0.00
b.	Revenue from Federal Sources	$0.00
c.	Grants	$0.00
d.	Earnings on Investment	$0.00
e.	USDA Foods - (i.e. commodities)	$0.00
f.	Contributions and Donations	$0.00
g.	Other non-operating revenues (Provide a detailed explanation of all other non-operating revenues in the remarks box below)	$0.00
	Remarks:	
4.	**Total Non-Operating Revenues:**	$0.00
5.	**Total Revenues:** (Total Operating Revenues + Total Non-Operating Revenues)	$0.00

1. **Operating Revenues: (Annual)**
    a. **Reimbursable Meal Sales:** This is payment received from students for breakfasts and lunches (if SFAs have a pricing Afterschool Snack Program, then the income received from students for snacks is included here as well). If you were non-pricing for the reporting period and did not charge students for meals and/or snacks, this should be $0.
    b. **Non-Reimbursable Food Sales (e.g., adult meals, a la carte, second meals, vending, etc.):** Any money received from selling second lunches, Smart Snacks, adult meals, vending, etc. should be reported in this field.
    c. **Catering/Special Functions Revenues**: Any money received from catering events and special functions should be reported in this field.
    d. **Sponsor-to-Sponsor Contract Revenues**: Any money received from another SFA (usually only when one SFA vends meals to another SFA) should be reported here.
    e. **Other Operating Revenues**: Any other revenues should be reported here; please enter an explanation in the remarks box. One example is income received on student accounts but not yet spent.
2. **Total Operating Revenues**: This automatically calculates.

3. **Non-Operating Revenues: (Annual)**
    a. **Revenue from State Sources**: Any money received from the State of Delaware (e.g., report State funds received for Salaries here).
    b. **Revenue from Federal Sources**: Any money received for meal reimbursement (monthly claim); please include all program reimbursements received during the reporting period (e.g., NSLP/SBP, SFSP, CACFP). Do not include any reimbursement that you are waiting on as of June 30, 2026.
    c. **Grants**: Any money received from a grant (e.g., FFVP, NSLP Equipment Grant Supply Chain Assistance Round 4, or other applicable grants).
    d. **Earnings on Investment**: Any money received from investment (e.g., interest from banking account).
    e. **USDA Foods** – Enter the value of USDA Foods received during SY 25-26.
    f. **Contributions and Donations**: Any money received from an outside source as a donation or contribution to the nutrition program (e.g., an organization donated money to cover meal charges/student debt).
    g. **Other non-operating revenues**: Any other revenues should be reported here (e.g., rebates); please enter an explanation in the remarks box. If your school or district gives the Child Nutrition Program local funds (e.g., from the general fund) for any salaries, wages, benefits, etc., this is reported here.
4. **Total Non-Operating Revenues**: This automatically calculates.
5. **Total Revenues**: This automatically calculates.



6. **Operating Expenses: (Annual)**

Direct Costs:

a. Reimbursable Food Costs
b. Non-Reimbursable Food Costs
c. SFA Salaries, Wages, and Benefits
d. FSMC Salaries, Wages, and Benefits
e. Catering Salaries, Wages, and Benefits
f. General SNP Supplies
g. Catering and Special Events General Supplies
h. FSMC Administrative Fee
i. FSMC Management Fee
j. Depreciation
k. Value of Commodities Used
l. Equipment Repairs and Maintenance
m. Equipment Purchases (All single equipment purchases of $5,000 and above need prior approval from the Department of Education)
n. Travel
o. Other Direct Operating Expenses (Provide a detailed explanation of all other direct operating expenses in the remarks box below)

Remarks:

Indirect Costs:

p. Electricity
q. Natural Gas
r. Oil
s. Water
t. Sewage
u. Disposal
v. Audit Fees (i.e. single audit, annual financial report, ect)
w. Other Indirect Operating Expenses (Provide a detailed explanation of all other indirect operating expenses in the remarks box below)

Remarks:

7. **Total Operating Expenses:**

6. **Operating Expenses: (Annual)**

Direct Costs:

a. **Reimbursable Food Costs**: Total amount spent on food for the reporting period. Do not include unpaid food bills as of June 30 of the reporting period; that will be reported in current liabilities. **Include the $3.00 per case commodity fee in this total.**
b. **Non-Reimbursable Food Costs**: Total cost of all non-program foods (do not include salary costs). Non-program foods include a la carte, catering, and adult meals.
c. **SFA Salaries, Wages, and Benefits**: Total amount spent on labor for the nutrition programs. Do not include unpaid payroll as of June 30 of the reporting period; that will be reported in current liabilities. Do not include any labor expenses that are not paid from the nutrition account.
d. **FSMC Salaries, Wages, and Benefits**

e. **Catering Salaries, Wages, and Benefits**: Total amount spent on labor, including OECs, for catering and special function events. Do not include unpaid catering payroll as of June 30 of the reporting period; that will be reported in current liabilities.
f. **General SNP Supplies**: Total amount of funds used for other goods/services such as paper supplies, training, repairs, etc. during the reporting period.
g. **Catering and Special Events General Supplies: Total** amount of funds used for goods/services for catering and special function events, such as paper supplies, training, repairs, etc. during the reporting period.
h. **FSMC Administrative Fee**
i. **FSMC Management Fee**
j. **Depreciation**
k. **Value of Commodities Used:** Enter the value of USDA Foods used in SY 25-26 (if all USDA Foods were used in SY 25-26, the value entered in this line would be the same as 3(e) above).
l. **Equipment Repairs and Maintenance**
m. **Equipment Purchases (All single equipment purchases of $5,000 and above need prior approval from the Department of Education unless the equipment is listed on the pre-approved list of equipment.):** Total amount of equipment purchased using funds from the nutrition account during the reporting period. Equipment is considered as having over one year of life and exceeding the $5,000 capital expenditure threshold.
n. **Travel**
o. **Other Direct Operating Expenses (Provide a detailed explanation of all other direct operating expenses in the remarks box.)**

Indirect Costs:

p. Electricity
q. Natural Gas
r. Oil
s. Water
t. Sewage
u. Disposal
v. Audit Fees (e.g., single audit, annual financial report, etc.)
w. Other Indirect Operating Expenses (Provide a detailed explanation of all other indirect operating expenses in the remarks box)
    i. **Note: SFAs that pay indirect costs based off a percentage (e.g., the SFA does not have a breakdown of expenses), enter the total indirect cost amount in 6(w).**

7. **Total Operating Expenses**: This automatically calculates.
8. **Income (Loss) Before Transfers** (Total Revenues Less Total Operating Expenses): This automatically calculates.
9. **Interfund Transfers In**: (If applicable - Provide a detailed explanation of all Interfund Transfer In in the remarks box.)
10. **Interfund Transfers Out**: (If applicable - Provide a detailed explanation of all Interfund Transfers Out in the remarks box.)

11. **Change in Net Position**: (Income (Loss) before transfers Plus the interfund transfers in Less interfund transfers out.) This automatically calculates.
12. **Net Position** – Beginning of Year: SFAs need to enter the beginning balance as of July 1, 2025.
13. **Net Position** – End of Year: This automatically calculates.
14. **Net Cash Resources:**
    a. **Current Assets** (as of June 30 – end of Year):
        i. SFAs need to enter the total assets on hand as of June 30, 2026. The total should include cash on hand June 30, 2026, cash owed from Federal reimbursement due (reimbursement earned through June 30, 2026, but not yet received by the SFA), cash due from other funds, investments, petty cash, student charges on account that are being carried over to the new school year, and any other funds. **This amount should equal or exceed the amount in the nonprofit school food service account as of June 30, 2026.**
    b. **Current Liabilities** (as of June 30 – end of Year):
        i. SFAs need to enter the total liabilities (for expenses incurred but not yet paid) as of June 30, 2026. The total should include payroll payable and accounts payable (food and non-food bills not yet paid).
    c. **Net Cash Resources** – End of Year: This automatically calculates.
        1. Were the SFA's year-end expenses greater than its year-end revenues, requiring a general fund transfer to cover the balance? Answer Yes or No

            If Yes, record the amount of the deficit in box 1a.

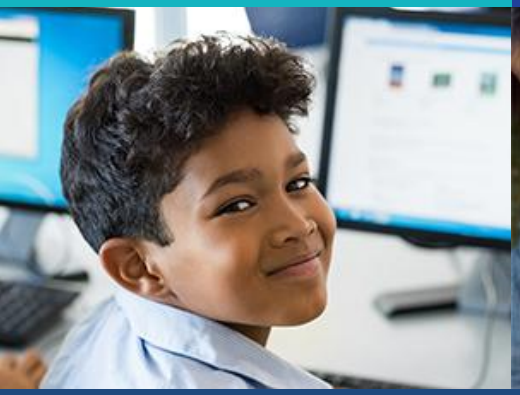
        2. Were the general funds transferred into the account to cover the entire deficit? Answer Yes, No, or N/A

            If Yes, record date, source of non-Federal funds and amount of transfer(s) into the nonprofit school food service account in box 2a.

            If No, describe what the SFA did to resolve the deficit in box 2a.

15. **3 Months' Average Expenditures:** This automatically calculates.
16. **Excess Net Cash Resources:** This automatically calculates.
17. **Corrective Action Plan**: Please see Step 2.

Step 2: Review the 3 Months' Average Expenditure calculation. Enter a corrective action plan in the Corrective Action Plan box on how the SFA will reduce the excess net cast resources.





School Nutrition Programs
School Year 2026-2027 Renewal

Delaware
Department of Education

Annual Renewal

- Important Notes/Dates:

- DEADLINE: July 17, 2026

- DEADLINE for RCCIs/any SFA operating NSLP/SBP in July 2026: July 10, 2026

- DENARS
  - Ensure all fields are complete
  - Update contact information, if necessary
  - Switching years in DENARS

Delaware
Department of Education

Annual Renewal Checklist

- Please complete all required documents applicable to your SFA
- Submit all documents via email to: schoolnutrition@doe.k12.de.us
- Please contact SNP Field Agents Melissa Sayers melissa.sayers@doe.k12.de.us or Chaneya Edwards chaneya.edwards@doe.k12.de.us for assistance with renewal

Delaware
Department of Education

Annual Renewal Documents

Delaware Department of Education

School Nutrition Program Renewal Application and Agreement Checklist

SFA NAME: _____ SCHOOL YEAR: **2026-2027**

Part I-A: Documentation required:

1. Income Eligibility Guidelines July 1, 2026 - June 30, 2027 on letterhead (**N/A if District-Wide CEP**)
2. Agreement to Furnish/Purchase Meals (**if vending meals from another SFA**)
3. RCCI - Current DSCYF License (**if applicable**)

Delaware Department of Education

Income Eligibility Guidelines

- Copy and paste the Income Eligibility Guidelines for July 1, 2026-June 30, 2027, on SFA letterhead
- Not applicable to Single-Unit CEP or District-Wide CEP SFAs

Must be on SFA Letterhead

Delaware Department of Education

INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Effective Date: July 1, 2026 - June 30, 2027

These are the income scales used by Child Nutrition Programs to determine eligibility for free and reduced-price meals.

	Free Meals – 130%					Reduced Meals – 185%				
Household Size	Yearly	Monthly	Twice per Month	Every two weeks	Weekly	Yearly	Monthly	Twice per Month	Every two weeks	Weekly
1	$20,748	$1,729	$865	$798	$399	$29,526	$2,461	$1,231	$1,136	$568
2	$28,132	$2,345	$1,173	$1,082	$541	$40,034	$3,337	$1,669	$1,540	$770
3	$35,516	$2,960	$1,480	$1,366	$683	$50,542	$4,212	$2,106	$1,944	$972
4	$42,900	$3,575	$1,788	$1,650	$825	$61,050	$5,088	$2,544	$2,349	$1,175
5	$50,284	$4,191	$2,096	$1,934	$967	$71,558	$5,964	$2,982	$2,753	$1,377
6	$57,668	$4,806	$2,403	$2,218	$1,109	$82,066	$6,839	$3,420	$3,157	$1,579
7	$65,052	$5,421	$2,711	$2,502	$1,251	$92,574	$7,715	$3,858	$3,561	$1,781
8	$72,436	$6,037	$3,019	$2,786	$1,393	$103,082	$8,591	$4,296	$3,965	$1,983
For each additional household member, add:	$7,384	$616	$308	$284	$142	$10,508	$876	$438	$405	$203

Delaware Department of Education

Agreement to Furnish/Purchase Meals

- Only applicable for a SFA who purchases vended meals from another SFA
- The template is available in the School Nutrition Program Schoology “Resources” section in the “Annual Application Forms.”

Delaware
Department of Education

Department of Services for Children, Youth and their Families License

- Only applicable to Residential Child Care Institutions (RCCIs)

- Please submit a copy of the current Department of Services for Children, Youth and their Families (DSCYF) License

Delaware
Department of Education

CEP Addendum to Agreement

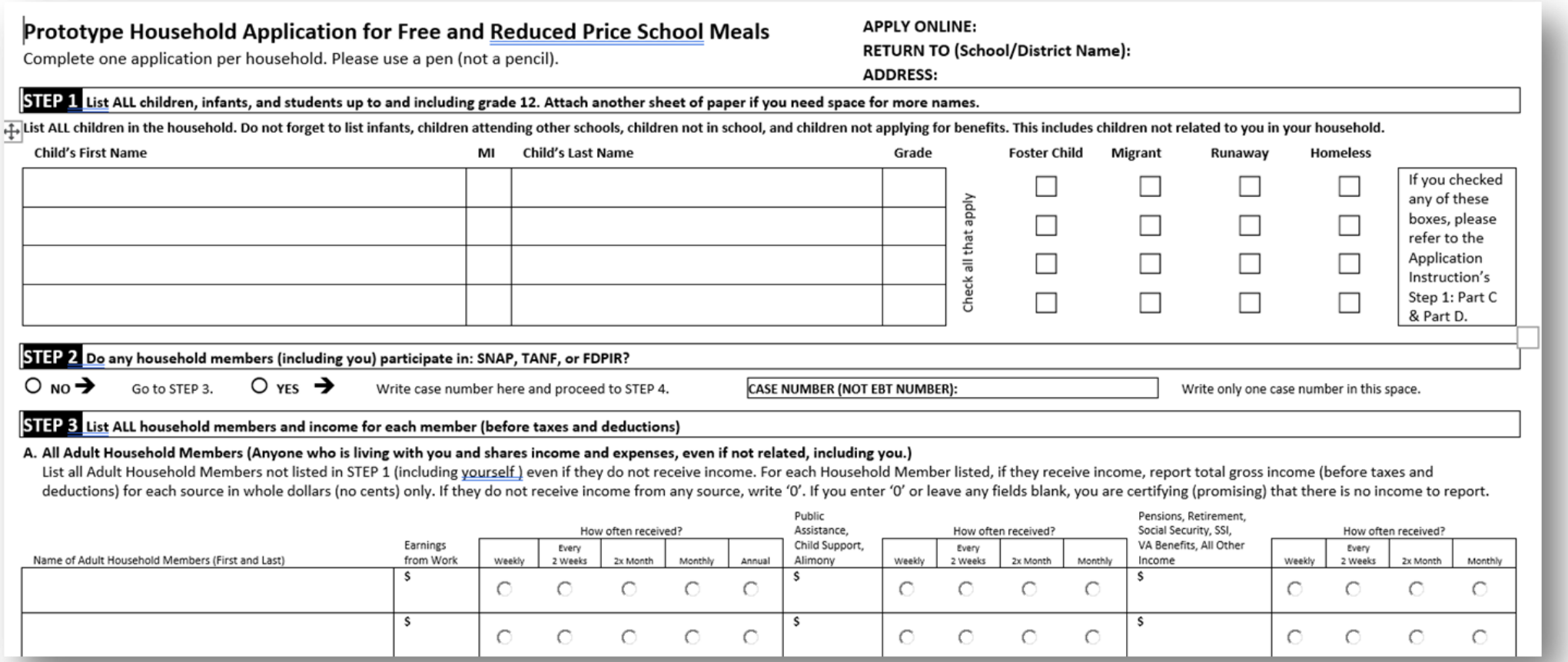
- Only ***new*** CEP Schools/Districts and current CEP Schools/Districts ***who plan to start a new CEP cycle*** must complete a CEP Addendum

- A Field Agent will contact SFAs participating in CEP and provide the SFA with the template via email if the SFA is required to complete a new one

Delaware
Department of Education

Meal Benefit Form

USDA Template



Prototype Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ NO → Go to STEP 3. ○ YES → Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Delaware Department of Education

Meal Benefit Form

SFAs who make changes to the USDA templates need to submit the following for State Agency review:

- 2026-2027 Meal Benefit Form
- Letter to Households
- Instructions to Apply

Delaware
Department of Education

Procurement from Food Service Management Company (FSMC) or Pre-Plated Meals Vendor

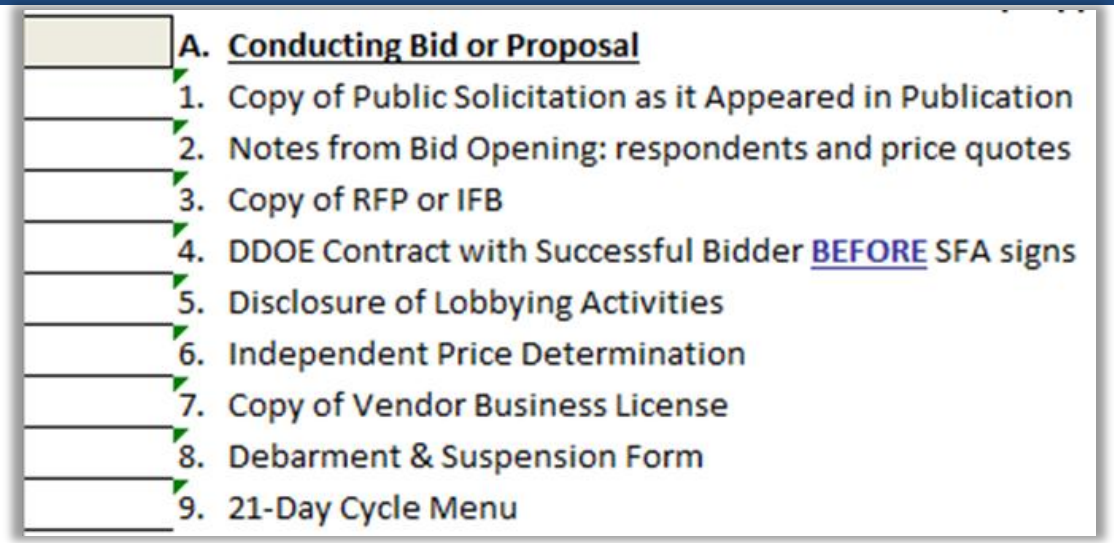
- Part II is only applicable for SFAs who contract with a Food Service Management Company (FSMC) or Pre-Plated Meals Vendor

- Note: These documents MUST be provided to the State Agency as part of renewal for the renewal packet to be approved and for meals to be reimbursed.

Part II:	Procurement from FSMC or Pre-Plated Meals Vendor (if applicable):		
	A. **Conducting Bid or Proposal**		B. **Renewal Year**
	1. Copy of Public Solicitation as it Appeared in Publication		1. Contract Renewal
	2. Notes from Bid Opening: respondents and price quotes		2. Lobbying Activities
	3. Copy of RFP or IFB		3. Independent Price Determination
	4. DDOE Contract with Successful Bidder BEFORE SFA signs		4. Copy of DE Business License
	5. Disclosure of Lobbying Activities		5. Debarment & Suspension Form
	6. Independent Price Determination		6. Copy of Current Food Establishment Permit and most recent Health Inspection Report
	7. Copy of Vendor Business License		
	8. Debarment & Suspension Form		
	9. 21-Day Cycle Menu		

Delaware
Department of Education

Procurement from Food Service Management Company (FSMC) or Pre-Plated Meals Vendor



	A. Conducting Bid or Proposal
	1. Copy of Public Solicitation as it Appeared in Publication
	2. Notes from Bid Opening: respondents and price quotes
	3. Copy of RFP or IFB
	4. DDOE Contract with Successful Bidder BEFORE SFA signs
	5. Disclosure of Lobbying Activities
	6. Independent Price Determination
	7. Copy of Vendor Business License
	8. Debarment & Suspension Form
	9. 21-Day Cycle Menu

Conducting Bid or Proposal

- SFA must provide the draft Invitation for Bid (IFB) or Request for Proposal (RFP) as well as Bid Advertisement to the State Agency for review/approval **prior to** conducting solicitation in the Spring or early Summer
- Once solicitation is complete, the SFA should notify the State Agency of the proposed selected vendor as well as provide applicable documents
- The State Agency will notify the SFA whether approved and to move forward with awarding the contract
- DDOE (Aimee Beam) will need to sign the contract after the awarded vendor signs, but before the SFA signs

Delaware
Department of Education

Procurement from Food Service Management Company (FSMC) or Pre-Plated Meals Vendor

Renewal Year

- SFAs who contract with a FSMC or Pre-Plated Meals Vendor may renew the contract for up to two, one-year periods after the initial contract year with prior approval from DDOE
- SFAs should ensure that the current renewal template is used
- DDOE has approved a year-to-year price increase of up to 3% (if renewal price is higher than 3%, please contact a SNP Field Agent **prior to** entering into a renewal agreement with a FSMC/Vendor)
- DDOE (Aimee Beam) will need to sign renewal document *after* FSMC/Vendor signs and *before* the SFA signs

Delaware Department of Education

DENARS Application Packet

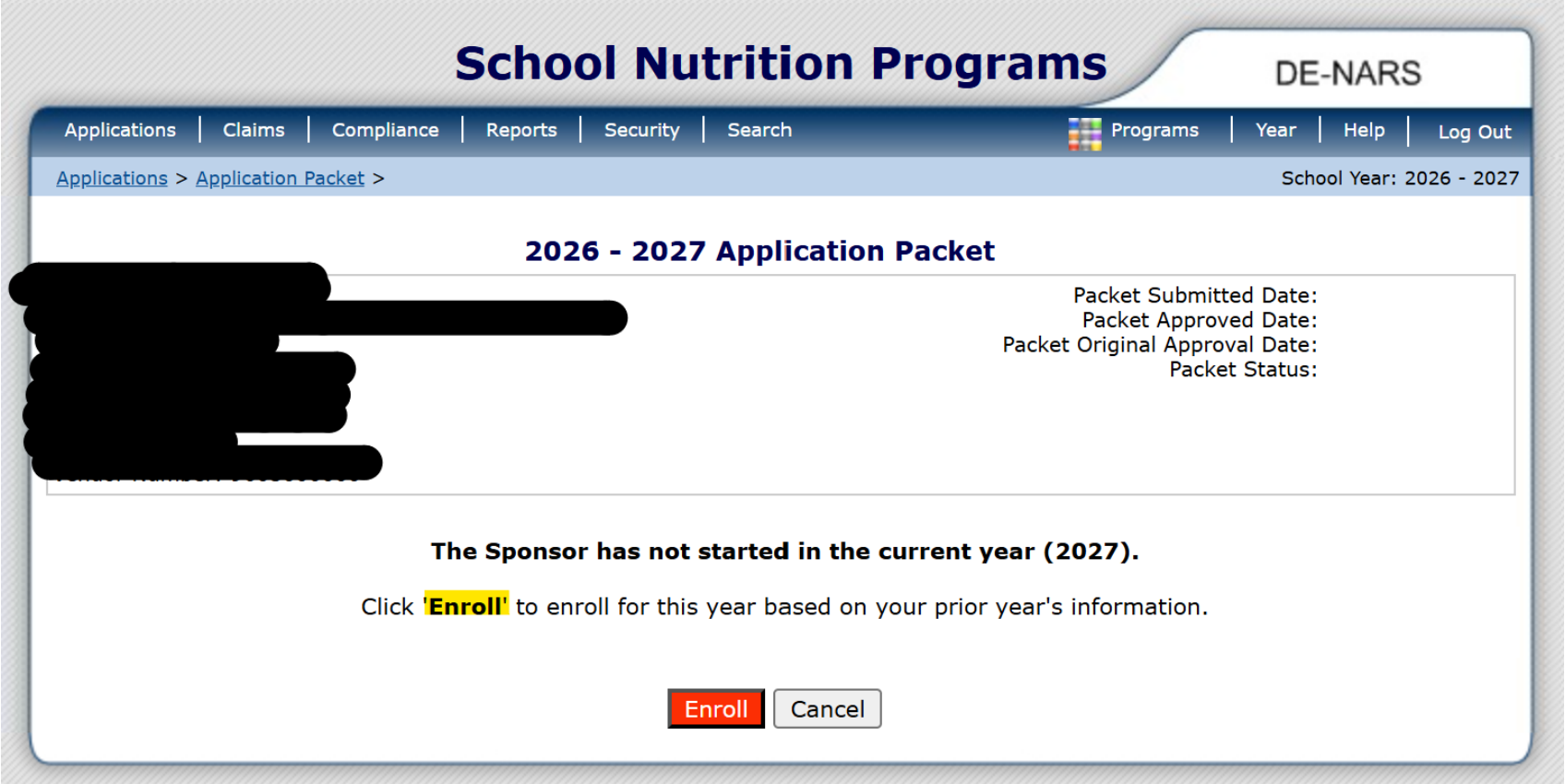
The months of operation in the DENARS Application Packet are July through June for NSLP, SBP, FFVP, and ASSP

When working on renewal in DENARS, **SFAs should ensure that they are in School Year 2026-2027 for NSLP/SBP, FFVP, and ASSP**

Switch years if needed by clicking on “year”

Delaware
Department of Education

DENARS Application Packet



Note: SFAs should not open the packet for SY 2026-2027 until the June 2026 claim has been entered.

Delaware
Department of Education

DENARS Application Packet

Action	Form Name	Latest Version	Status
View | Modify | Admin	Sponsor Application	Original	Pending Validation
Add	Community Eligibility Provision (CEP) Schedule		Not Started
Details	Meal Pattern Compliance Dashboard		Pending
Details	Checklist Summary		
Details	Application Packet Notes		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	16	0	0	0	0	16
Seamless Summer Feeding Option	0	17	0	0	0	0	17

Delaware
Department of Education

DENARS Application Packet

Sponsor Application

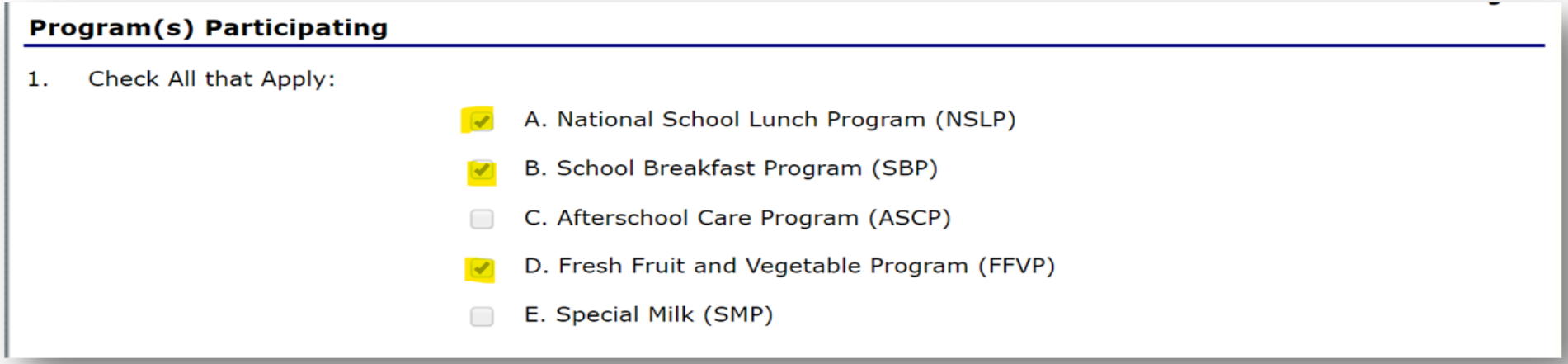
- Please complete all sections
- Update as necessary
  - Ethnicity and Racial Data **must be updated annually**
  - Note – DDOE uses contact names and emails throughout the school year so please ensure these are accurate and up-to-date

Delaware
Department of Education

DENARS Application Packet

NSLP/SBP Site Application

- Please complete all sections
- If adding or deleting programs from a site, please check/uncheck boxes under “Program(s) Participating”
- Note: The Afterschool Care Program (ASCP) is the same as Afterschool Snack Program (ASSP) -



Program(s) Participating

1. Check All that Apply:

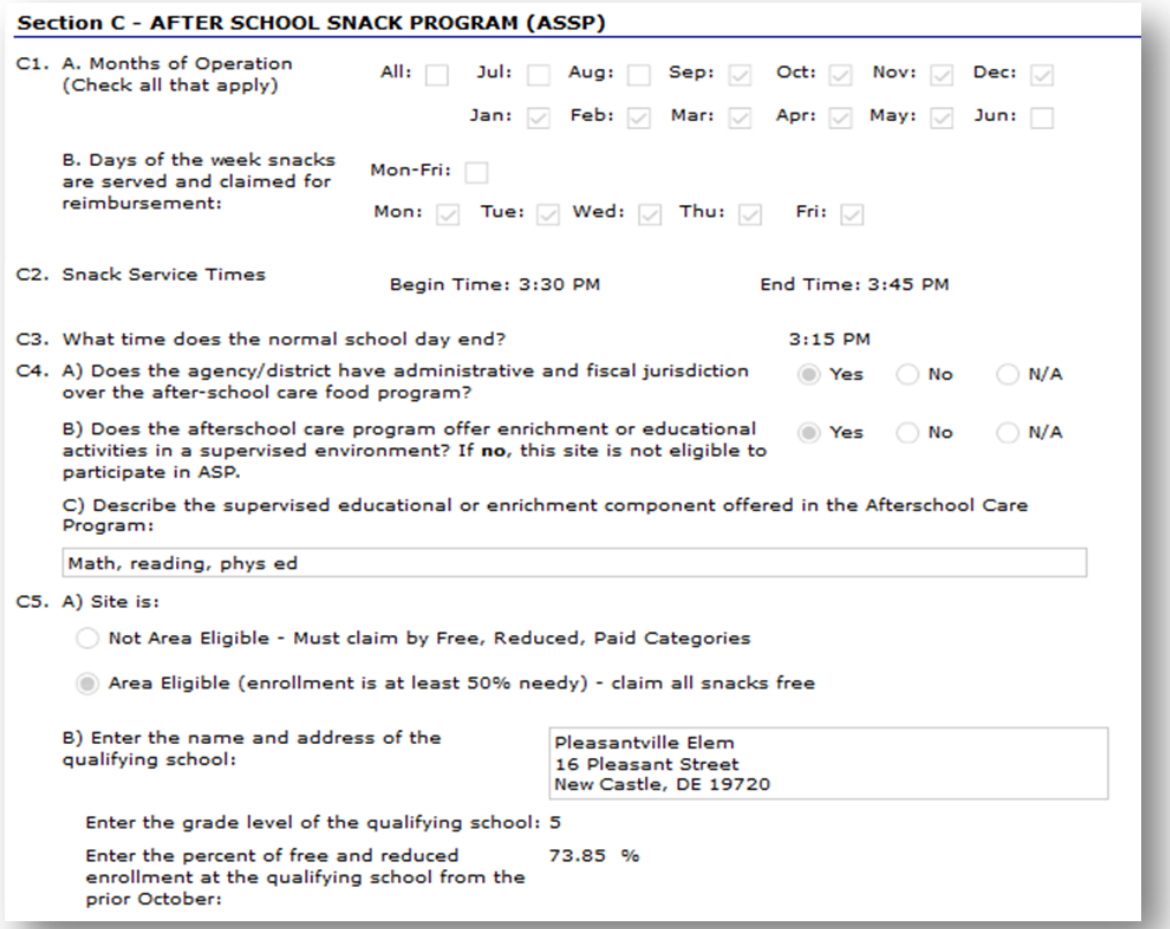
- [x] A. National School Lunch Program (NSLP)
- [x] B. School Breakfast Program (SBP)
- [ ] C. Afterschool Care Program (ASCP)
- [x] D. Fresh Fruit and Vegetable Program (FFVP)
- [ ] E. Special Milk (SMP)

Delaware
Department of Education

DENARS Application Packet
Afterschool Snack Program

ASSP Section –

- In C5., if using area eligibility, SFAs should enter the qualifying school name and address, grade levels of the school, and % of F/R from October 2025.
- **If a qualifying school is CEP, enter the individual school's ISP x 1.6 from** the most current CEP cycle**.**



Section C - AFTER SCHOOL SNACK PROGRAM (ASSP)

C1. A. Months of Operation (Check all that apply)
All: ☐ Jul: ☐ Aug: ☐ Sep: ☑ Oct: ☑ Nov: ☑ Dec: ☑
Jan: ☑ Feb: ☑ Mar: ☑ Apr: ☑ May: ☑ Jun: ☐

B. Days of the week snacks are served and claimed for reimbursement:
Mon-Fri: ☐
Mon: ☑ Tue: ☑ Wed: ☑ Thu: ☑ Fri: ☑

C2. Snack Service Times — Begin Time: 3:30 PM — End Time: 3:45 PM

C3. What time does the normal school day end? 3:15 PM

C4. A) Does the agency/district have administrative and fiscal jurisdiction over the after-school care food program? ◉ Yes ○ No ○ N/A

B) Does the afterschool care program offer enrichment or educational activities in a supervised environment? If **no**, this site is not eligible to participate in ASP. ◉ Yes ○ No ○ N/A

C) Describe the supervised educational or enrichment component offered in the Afterschool Care Program:

Math, reading, phys ed

C5. A) Site is:

○ Not Area Eligible - Must claim by Free, Reduced, Paid Categories

◉ Area Eligible (enrollment is at least 50% needy) - claim all snacks free

B) Enter the name and address of the qualifying school:
Pleasantville Elem
16 Pleasant Street
New Castle, DE 19720

Enter the grade level of the qualifying school: 5

Enter the percent of free and reduced enrollment at the qualifying school from the prior October: 73.85 %

Delaware
Department of Education

DENARS Application Packet
Food Service Fact Sheet

Food Service Fact Sheet

For SFAs who contract with a FSMC or Pre-Plated Meal Vendor, this section must be completed annually -

Action	Form Name	Latest Version	Status
View | Revise	✔ Sponsor Application	Original	Approved
Details	FSMC Contract/Fact Sheet List		1 Contract
Details	Meal Pattern Compliance Dashboard		Pending
Details	Checklist Summary		
Details	Application Packet Notes		

Delaware
Department of Education

DENARS Application Packet
CEP Schedule

CEP Schedule

Only SFAs that participate in CEP for one or more schools will complete this form.

Helpful Hints –

- Changing "Mode" from Auto to Manual allows SFAs to pull information from CEP Site List in DENARS
- SFAs should select "Cycle Year" of **2026-2027**
- SFAs should select applicable "Data Year" (this is the year in which the data was collected for the current CEP cycle)

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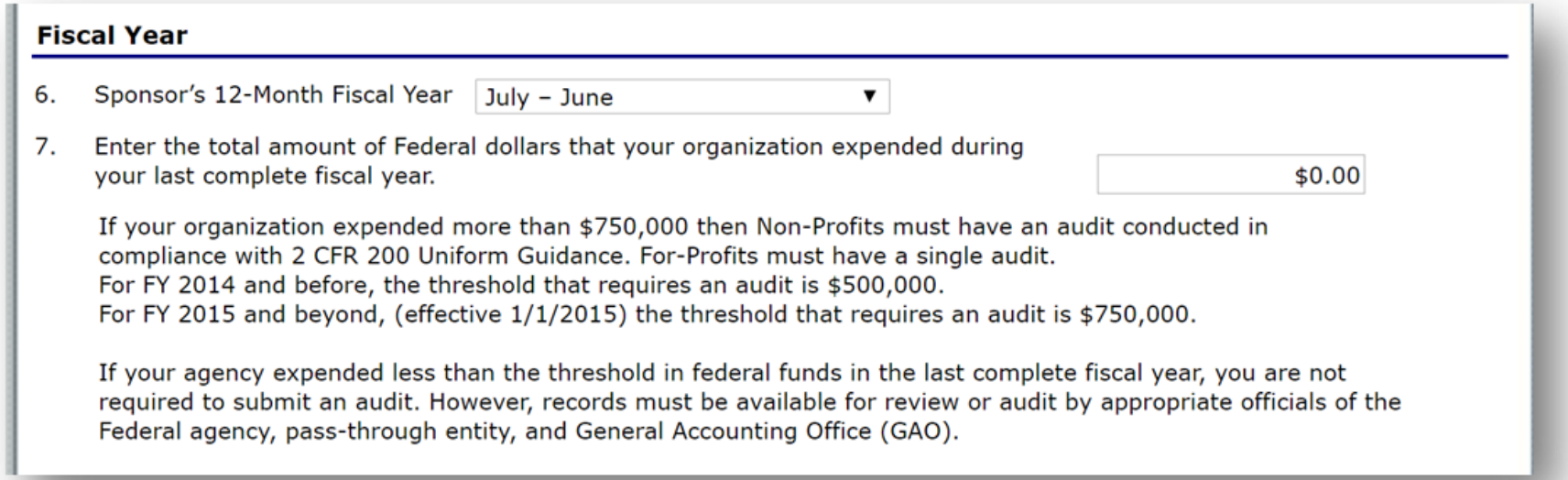
Department of Education

DENARS Application Packet
Audit Status Form

Annual Audit Status Certification Form

All SFAs need to complete this form annually. Please ensure that the form completed is titled “2026-2027 Annual Audit Status Certification Form”.

SFAs should report the total amount of Federal dollars expended by the **entire** organization during the last complete fiscal year (for this report it would be FY 25, which is July 1, 2025 – June 30, 2026)



Fiscal Year

6. Sponsor’s 12-Month Fiscal Year: July – June

7. Enter the total amount of Federal dollars that your organization expended during your last complete fiscal year. $0.00

If your organization expended more than $750,000 then Non-Profits must have an audit conducted in compliance with 2 CFR 200 Uniform Guidance. For-Profits must have a single audit.
For FY 2014 and before, the threshold that requires an audit is $500,000.
For FY 2015 and beyond, (effective 1/1/2015) the threshold that requires an audit is $750,000.

If your agency expended less than the threshold in federal funds in the last complete fiscal year, you are not required to submit an audit. However, records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and General Accounting Office (GAO).

Delaware
Department of Education

DENARS Application Packet
Financial Report

Net Position:		
1. **Operating Revenues: (Annual)**		
a. Reimbursable Meal Sales: (i.e. paid and reduced)	$0.00	
b. Non-Reimbursable Food Sales: (i.e. adult meals, a la carte, second meals, vending, ect.)	$0.00	
c. Catering/Special Functions Revenues	$0.00	
d. Sponsor to Sponsor Contract Revenues	$0.00	
e. Other Operating revenues (Provide a detailed explanation of all other operating revenues in the remarks box below)	$0.00	
Remarks:		
2. **Total Operating Revenues:**	$0.00	
3. **Non-Operating Revenues: (Annual)**		
a. Revenue from State Sources	$0.00	
b. Revenue from Federal Sources	$0.00	
c. Grants	$0.00	
d. Earnings on Investment	$0.00	
e. USDA Foods - (i.e. commodities)	$0.00	
f. Contributions and Donations	$0.00	
g. Other non-operating revenues (Provide a detailed explanation of all other non-operating revenues in the remarks box below)	$0.00	
Remarks:		
4. **Total Non-Operating Revenues:**	$0.00	
5. **Total Revenues:** (Total Operating Revenues + Total Non-Operating Revenues)	$0.00	
6. **Operating Expenses: (Annual)**		
Direct Costs:		
a. Reimbursable Food Costs	$0.00	
b. Non-Reimbursable Food Costs	$0.00	
c. SFA Salaries, Wages, and Benefits	$0.00	
d. FSMC Salaries, Wages, and Benefits	$0.00	
e. Catering Salaries, Wages, and Benefits	$0.00	
f. General SNP Supplies	$0.00	

Delaware
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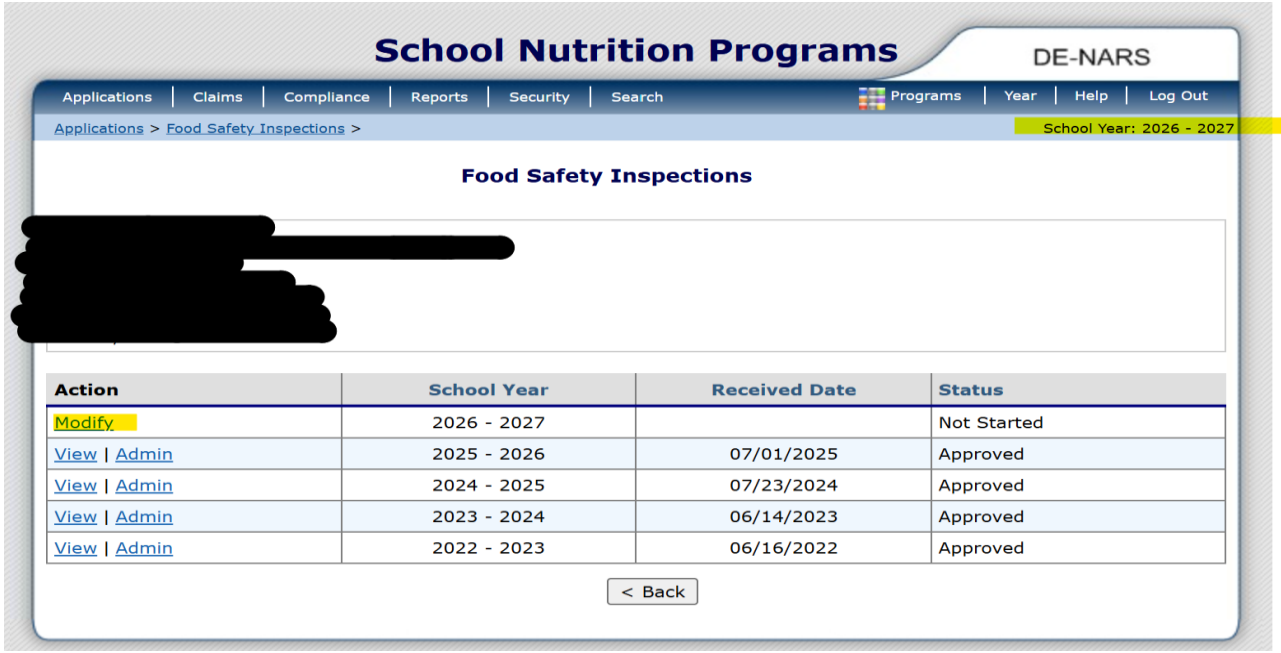
DENARS Application Packet
Food Safety Inspection

Food Safety Inspection Report

- Please report number of inspections from SY 2025–2026
- Please be sure to include the reason for fewer than two inspections, if applicable



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Thank You

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