

Connecticut School Nutrition Programs

MEAL APPLICATION AND DATA MANAGEMENT PROCESS

for the Local Educational Agency's (LEA) Policy Statement for Free and Reduced-price Meals

This information must be attached to the LEA's policy statement for free and reduced-price meals. Upload this information with the policy statement to the Connecticut State Department of Education's (CSDE) [Child Nutrition Program \(CNP\) Online Application and Claiming System](#). *Do not send a hard copy of this form to the CSDE.*

LEA Name: _____ Agreement Number: _____

1. Describe the process used by the LEA to receive or collect, review and approve meal applications.
2. Describe the process and frequency for retrieving and updating the Direct Certification List. For more information, see the CSDE's [Direct Certification](#) Web page. Indicate how the information is provided to the food service manager or director, and how the LEA updates the benefit issuance document (master list) to include the information.
3. Indicate the LEA's procedures for disclosure of children's free and reduced-price or free milk eligibility information (refer to the CSDE's form, "[Request for Release of Free or Reduced Eligibility Status](#)"). Indicate parties and organizations that you provide with free and reduced-price meal eligibility data. ***The LEA must review and comply with the U.S. Department of Agriculture (USDA) disclosure requirements (7 CFR 245.6 (f-k)).***



For more information, see the CSDE's [Meal Counting and Claiming](#) Web page or contact the [school nutrition programs](#) staff in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This form is available in PDF at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/mealcount/mealappdata.pdf and Word at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/mealcount/mealappdata.doc.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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
Washington, D.C. 20250-9410;*
- (2) fax: (202) 690-7442; or*
- (3) email: program.intake@usda.gov.*

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