SUMMER 2023

# New dietary guidelines to go into effect 2024-25; food service helpers needed



## Families encouraged to apply for free and reduced-price meals

The United States Department of Agriculture (USDA) is proposing additional revisions to the school meals plan that are consistent with the 2020 dietary guidelines for Americans. These changes are set to go into effect during the 2024-25 school year. This is following the Healthy, Hunger-Free Kids Act, which is aimed at revamping school lunches to include increased amounts of fruits, vegetables and whole grains while lowering sodium, fat and calories.

The proposed rule is the next step in continuing the science-based improvement of school meals and advancing the USDA's commitment to nutrition security. The proposed changes include decreasing added sugars to an average of less than 10% of calories per meal from added sugars and a continued decrease in sodium with a final level effective in 2029.

These changes could possibly eliminate flavored milk at the elementary and middle schools and call for whole grains to equal 100% of grains served. The Food Service Department will update the community when a final decision is received from the USDA.

Mohonasen families should expect a 25-cent price increase at Draper and the High School for lunch and a 30-cent price increase at the elementaries for the 2023-24 school year. School food service programs are self-sustaining, meaning

that the money they take in is used to cover operational costs; there is no profit for the program. The district continues to participate in the National Free and Reduced Price School Meal Program. This program allows families who meet certain income limits to receive meals either at no charge or at a reduced rate.

It is necessary to complete a new application for the upcoming school year, even if families were enrolled in the program in the past.

"Quality, nutritious meals play such an important role in the academic and physical development of our students," Superintendent Shannon Shine said. "While we continue to advocate for the return of the universal free school meal program, it is important that families fill out this application if they think they qualify."

For more information on the National Free and Reduced Price School Meal Program please contact the Food Service Department at (518) 356-8225.

The Food Service Department needs helpers for the 2023-24 school year in order to sustain all food programs. See employment information on the Mohonasen website.

## IN THIS ISSUE

Pages **2-4**Free & reduced-price meals information

Page **5**Free and reducedprice meals application

## **Pay online**

With PayPAMS, parents can pay for their child's meals, view and manage meal accounts, schedule automatic payments and view a report of their child's daily spending and cafeteria purchases. Get started today by logging onto www.PayPAMS.com or downloading the smartphone app.



## YOUR CHILDREN MAY BE ELIGIBLE FOR

## **Free or Reduced-Price School Meals**

Dear Parent/Guardian,

Children need healthy meals to learn. Mohonasen CSD offers healthy meals every school day. Breakfast costs; elementary \$1.50, Draper/MHS \$2.00. Lunch costs; elementary \$3.30, Draper/MHS \$3.75. Your children may qualify for free meals or for reduced price meals.

## Free and Reduced Lunch Program: Q&A

- 1. Do I need to fill out an application for each child? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the Mohonasen Central School District, attn. Kim Gagnon. Questions? Call (518) 356-8225.
- 2. Who can get free meals? All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations or TANF, can get free meals regardless of your income. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. (see chart on p. 4). Households with children who are categorically eligible through an Other Source Categorically Eligible designation, as defined by law, may be eligible for free benefits and should contact the Mohonasen Food Service Dept. for assistance in receiving benefits.
- 3. Can foster children get free meals? Yes, foster children who are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.
- 4. Can homeless, runaway, and migrant children get free meals? Yes, those who meet the definition may. Please contact the district's "homeless" liaison, Christopher Ruberti at (518) 356-8210 to see if your child(ren) qualifies.

- 5. Should I fill out an application if I received a letter this school year saying my children are approved for free or reduced-price meals? Please read the letter you received carefully and follow the instructions. Call the food service director at (518) 356-8225 if you have questions.
- 6. My child's application was approved last year. Do I need to fill out another one? Yes. Your child's application is only good for that school year and for the first 30 days of this school year. You must send in a new application unless the school told you that your child is eligible for the year, or your child will be charged full price for meals.
- I get women, infants and children (WIC); can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced meals. Please fill out an application.
- **8. Will the information I give be checked?** Yes, we may also ask you to send in written proof.
- 9. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your income goes down or household size goes up. Remember, if you lose your job your children may qualify.
- 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 (518) 356-8210 or writing to: Christopher Ruberti, 2072 Curry Road, Schenectady, NY 12303.
- 11. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify.
- 12. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you. Please do not include if you live with



Please remember:
You must send in a new application unless the school told you that your child is eligible for the new year.

other people who are economically independent.

- **13.** What if my income is not always the same? List the amount you normally get. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 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, clothing, 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.** My family needs more help. Are there other programs we might apply for? To find out how to apply for State SNAP or other assistance benefits, contact your local assistance office or call 1-800-342-3009.

#### **How to Apply**

To get free or reduced-price meals for your children you may submit a Direct Certification letter received from the NYS Office of Temporary and Disability Assistance OR carefully complete one application (see page 5) for your household and return it to the designated office. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR number and the signature of an adult household member. All children should be listed on the same application.

If you do not list a SNAP, TANF or FDPIR number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income earned by each household member, how often the income is received and where it comes from.

It must include the signature of an adult household member and the last four digits of the adult's social security number, or check the box that says "none" if the adult does not have a social security number. An application for free and reduced-price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions. Mohonasen Food Service will let you know if your application is approved.

### **Reporting Changes**

The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP, until the following school year.

#### **Income Exclusions**

The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

#### **Nondiscrimination**

Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual

orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027 found online at: https://www.usda.gov/oascr/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 mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410. You may also fax your form to (202) 690-7442 or send it via email to program.intake@usda.gov.

## Meal Services to Children With Disabilities

Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability that may restrict their diet.

A student with a disability is defined in 7CFR Part 15b.3 of federal regulations as one who has a physical or mental impairment that substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please call the school lunch office, because there is specific information that the medical certification must contain.

#### **Confidentiality**

The U.S. Department of Agriculture has approved the release of students' names and eligibility status, without parents' consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I

and the National Assessment of Educational Progress programs, which are U.S. Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area and to assess educational progress.

Information may also be released to state health or state education programs administered by the state agency or local education agency, provided the state or local education agency administers the program, and federal, state or local nutrition programs similar to the National School Lunch Program.

Additionally, all information contained in the free and reduced-price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act or Child Nutrition Act; including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women, Infants and Children; the Comptroller General of the U.S. for audit purposes; and federal, state or local law enforcement officials investigating alleged violations to the programs under the NSLA or CNA.

Disclosure of eligibility information not specifically authorized by NSLA requires a written consent statement from the parent/guardian.

### **More on Confidentiality**

Mohonasen students who receive free or reducedprice meals are given pin numbers – just like everyone else – so their peers are not aware which children are receiving free or reduced lunches. We will let you know in writing when your application is approved or declined. Students must enter their pin numbers at the register in order to receive free or reduced benefits. Otherwise, the food service department is unaware if they are eligible.

## Reapplication

You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time.

The disclosures and eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

## Income eligibility guidelines...

The following chart lists income levels according to household size and income levels received either yearly, monthly or weekly. If your total household income is the same or less than the amounts on the income chart below, your children may be eligible to receive free or reduced-price meals. Income levels are effective from July 1, 2023, until further notice.

#### **HOUSEHOLD INCOME**

	THOUSE INCOME				
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 26,973	\$ 2,248	\$ 1,124	\$ 1,038	\$ 519
2	\$ 36,482	\$ 3,041	\$ 1,521	\$ 1,404	\$ 702
3	\$ 45,991	\$ 3,833	\$ 1,917	\$ 1,769	\$ 885
4	\$ 55,500	\$ 4,625	\$ 2,313	\$ 2,135	\$ 1,068
5	\$ 65,009	\$ 5,418	\$ 2,709	\$ 2,501	\$ 1,251
6	\$ 74,518	\$ 6,210	\$ 3,105	\$ 2,867	\$ 1,434
7	\$ 84,027	\$ 7,003	\$ 3,502	\$ 3,232	\$ 1,616
8	\$ 93,536	\$ 7,795	\$ 3,898	\$ 3,598	\$ 1,799
For each additional family member add	\$ 9,509	\$ 793	\$ 397	\$ 366	\$ 183

## **Interested in** becoming a food service helper?

If you or someone you know might be interested in a part-time job, please contact the Food Service Office at 518-356-8225.

## Interested in driving a bus or being a bus aide?

This institution is an equal opportunity provider.

Contact the Transportation Office at 518-356-8260.

Consent to release	free or reduce	d price eligibilit	y information

1400 Independence Avenue, SW, Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

Cons	ent to release free or reduced price eligibility information
	ool officials may release information that shows that my child/children are eligible for free or reduced-price meals or free milk to llowing programs. I understand that the information will only be provided to the program(s) checked below:
	Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).  State or federal programs such as the Youth Summer Work program or the Educational Talent Search Program.  Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.  Community programs such as holiday baskets, summer arts and playground programs.
I un and/o	derstand that I will be releasing information that will show that my child/children are eligible for free or reduced-price meals refree milk. I give up my right to confidentiality for the program(s) checked.
	fy that I am the child's parent/guardian for whom the application was made: ture of parent or guardian:
Print r	name of parent or guardian:
	ss:
Phone	e Number: Date:
Nondis	scrimination Statement:
from d	ordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited iscriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation or civil rights activity.
commi	m information may be made available in languages other than English. Persons with disabilities who require alternative means of unication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or gency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay e a (800) 877-8339.
obtaine from a telephe about	a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Form which can be ed online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, ny USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, one number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary of Civil Rights the nature and date of an alleged violation. The completed AD-3027 form must be submitted to USDA by:

Date Withdrew					F R	D
	2023-2024 Ap	plication for Free an	d Reduced Pric	e School M	eals/Milk	
To apply for free and reduc nousehold, sign your name may be listed on a separate	ed price meals for you and return it to the a	ır children, read the in	structions on the	back, comp	lete <b>only one</b> f	
Return Completed Applic	2072	onasen Central Schoo 2 Curry Road enectady, NY 12303	ls			
1. List all children in your househo	old who attend school:					
Student Name		School	Grade/T	eacher	Foster Child	Homeless Migrant, Runaway
SNAP/TANF/FDPIR Benefits: f anyone in your household receiv  Name:				•	4 and sign the app	olication.
3. Report all income for ALL Hous	ehold Members (Skip this s	tep if you completed step 2	)			
ncome, report total income for each lank, you are certifying (promising Name of household member			Pensions, Retire Payments  Amount / How	ement Ott	her Income, Social curity nount / How Often	No Income
	\$/	\$/	\$/_	\$_		
	\$/	\$/	_ \$ / _			
	\$/	\$/	_ \$/_	\$_	1	
	\$/	\$/	\$/_	\$_		_
	\$ /	\$/	\$/_			
Total Household Members (Childre	dult household member mus	*Last Four Digits of s				I do not have a SS# □
pox" before the application can be  1. Signature: An adult household certify (promise) that all the informiting the school of the second pays and my children may signature:	member must sign this app mation on this application is fficials may verify the inform	true and that all income is nation and if I purposely giv	reported. I understa e false information, I	may be prosec	cuted under applical	ble State and
Email Address:			Date			
Home Phone:	Work Phone:	h	iome Address:			
5. Ethnicity and Race are optional	_'	does not affect your childre	n's eligibility for free	or reduced price	e meals.	
Ethnicity: □Hispanic or Latino Race (Check one or more): □Am	☐Not Hispanic or Latino erican Indian or Alaskan Na	itive □Asian □Black or Af	rican American □Na	ative Hawaiian d	or Other Pacific Isla	nd □White
I	OO NOT WRITE BI	ELOW THIS LINE	FOR SCHOO	DL USE ON	NLY	
Ann	nual Income Conversion (On Weekly X 52; Every Tw	ly convert when multiple inco to Weeks (bi-weekly) X 26; T				
□ SNAP/TANF/Foster □ Income Household: To	otal Household Income/How C  Reduced Price Meals	Often:/_	·	Household Size:		-
☐ Free Meals Signature of Reviewing Of	□ Reduced Price Meals     ficial     □	☐ Denied/Paid	Date N	lotice Sent:		



#### APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to Mohonasen CSD ... If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: 518-356-8225 ... Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

## PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

#### PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

#### PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs PART 4 if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.
- (5) An adult household member must sign the application in PART 4.

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

#### **USE OF INFORMATION STATEMENT**

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

#### **DISCRIMINATION COMPLAINTS**

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

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

. fax:

(833) 256-1665 or (202) 690-7442; or

email:

program.intake@usda.gov

This institution is an equal opportunity provider.

#### FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

<u>SNAP/TANF/FDPIR case number</u>: This must be the <u>complete</u> valid case number supplied to you by the agency including all numbers <u>and</u> letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the <u>personal</u> use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are <u>not</u> considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

<u>Financially Independent:</u> A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

<u>Current Gross Income</u>: Money earned or received at the present time by each member of your household <u>before deductions</u>. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

#### Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance

- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

<u>Income Exclusions</u>: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Lynn Flansburg Mohonasen Food Service Department 518.356.8225 LFlansburg@mohonasen.org



Board of Education
Wade Abbott, President
Ericka Montagino, Vice President
Melissa Laudano
Julie Power
Chad McFarland
Patrick Ryan
Danielle Ciampino

Superintendent Shannon C. Shine

Food Service Supervisor Kim Gagnon

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Non-Profit Organization U.S. Postage PAID Permit No. 730 Albany, NY

### FOOD SERVICE PROGRAM SUMMER 2023

The USDA established nutrition standards for all foods and beverages sold to students in school. The Smart Snacks in School Act requires more whole grains, low-fat dairy, fruits, vegetables and leaner protein while prohibiting certain items that are high in calories. The following are the nutritional requirements that all snacks must follow. Students may use their lunch accounts to purchase snacks; however, if parents would rather they don't, email food service to opt-out. Limits can be set on the students' accounts.

## What are the Smart Snacks Standards for foods?

## To qualify as a Smart Snack, a snack or entree must first meet the general nutrition standards:

- **1.** Be a grain product that contains 50 percent or more whole grains by weight (have a whole grain as the first ingredient); or
- Have as the first ingredient a fruit, a vegetable, a dairy food, or a protein food; or
- **3.** Be a combination food that contains at least ¼ cup of fruit and/or vegetable (for example, ¼ cup of raisins with enriched pretzels); and
- **4.** The food must meet the nutrient standards for calories, sodium, fats, and total sugars.

NUTRIENT	SNACK	ENTREE
Calories	200 calories or less	350 calories or less
Sodium	200 mg or less	480 mg or less
Total Fat	35% of calories or less	35% of calories or less
Saturated Fat	Less than 10% of calories	Less than 10% of calories
Trans Fat	0g	0g
Total Sugars	35% by weight or less	35% by weight or less

## LUNCH TIME AT MOHONASEN