ADMINISTRATIVE LETTER: 2

POLICY CODE: EF

TO: Superintendents of Schools/Private School Administrators

FROM: J. Duke Albanese, Commissioner

DATE: July 26, 1999

SUBJECT: School Nutrition and Food Distribution Programs Agreements, School Nutrition Applications

Welcome to the 1999-2000 school year and thank you once again for working with us to offer high quality nutritious and appealing meals to all Maine students. Please join us in preparing for this school year by reviewing the following information.

1. **Program Agreement**

   a. Please complete and return the enclosed Policy Statement Addendum by August 13, 1999.
   b. The program application will be available and completed by each local district on the Internet. Both forms must be completed and submitted to the School Nutrition Program, Department of Education, prior to receiving payment of a claim for reimbursement.

2) **Reimbursement Rates for the 1999-2000 School Year**

The following are Federal reimbursement rates for student breakfast, lunch, milk, and after school snacks:

	Lunch	Breakfast	Server Need Breakfast	Milk	After Snacl
Paid	$ .1900	$ .2100	$ .2100	$.1275	$ .05(
Reduced Price	$1.5800	$ .7900	$1.000	N/A	$ .27(
Free	$1.9800	$1.090	$1.3000	Cost	$ .54(

Public schools will receive $.03 State reimbursement per lunch in addition to the Federal reimbursement.

3) **Food Distribution Program**

The donated commodity entitlement will be $.1475 for 1999-2000 school year.

4) **Provision of Meals by or for Other Organizations**

Please submit a copy of all contracts to the Food Service Division of the Maine Department of Education for approval under Federal regulations. If your school food service is providing meals to or receiving meals from another school administrative unit, a non-profit agency, any other administrative unit, or any other organization, your contracts need approval from this Department. A checklist which includes all regulation changes to date is available to assist you in developing contracts with other agencies. Please contact Walter

Beesley at 287-3929 or 287-5315 or e-mail: walter.beesley@state.me.us for the checklist specific to your contracting situation.

5) **Application for Free and Reduced Priced Meals and Free Milk (SNP-15 and SNP-15M)**

Printed applications are not available from this office. Each School Administrative Unit must print a sufficient number of applications to cover the projected student enrollment.

Enclosed are "camera ready" copies of each side of the Application for School Meals, a second set of the meal application translated into French, and a third set for Free Milk. **Please be reminded that applications need to be printed front and back.** Applications will also be available on the Department of Education Web site: http://state.me.us/education and may be downloaded.

Each set is separated by a sample form printed front and back on colored paper. **DO NOT** print your forms from the samples as they will reproduce poorly.

6) **Verification of Free and Reduced Priced Meals**

Federal law requires that verification of applications for free and reduced price meals under the School Nutrition Program be completed by December 15, 1999. This process is to verify the accuracy of information submitted by the applicant. School districts undertake the verification process at the local level and submit the attached report to the Maine Department of Education by December 20, 1999.

7) **Charges to Children**

The student lunch rate remains unchanged for the 1999-2000 school year. The maximum rate is $1.50 for elementary students and $1.70 for high school students.

8) **Program Application and Electronic Filing for 1999.**

Beginning this fall the yearly program application will be completed electronically. The information will be entered by district staff. Local staff completing the application and monthly claim form will need an ID and password to access the electronic School Food Service Recording (SFSR) System located at:
http://www.state.me.us/education/sfsrl.htm .

The legal agent (Superintendent or Headmaster) will electronically approve the application. For any questions or additional information, please contact:

Nanci Kittredge 207-287-5316 or e-mail: **nancy.kittredge@state.me.us**

or Walter Beesley at 207-287-3929 or e-mail: **walter.beesley@state.me.us**.

Enclosures:

Policy Statement Addendum

Letters to parents

Notification of Eligibility

System of Collection

Free and Reduced Price Income Guidelines

Application For Free And Reduced Price School Meals

Application for Free Milk

Verification Report (Appendix 18)

For additional information please contact:

- Walter Beesley, Education Specialist, School Nutrition Programs, 207-287-3929 or e-mail: walter.beesley@state.me.us.
- Mary Moody, Education Specialist, School Nutrition Programs, 207-287-3927 or e-mail: mary.moody@state.me.us.
- Judith Malcolm, Policy Director/Team Leader School Support Systems 207-287-8951 or e-mail: judith.malcolm@state.me.us.
- Anne Littlefield, Commodity Administrator, 207-287-5317 or e-mail: anne.littlefield@state.me.us.
- VACANT, Field Examiner
- Rachel Parent, Accountant, 207-287-3928 or e-mail: rachel.parent@state.me.us.
- Nanci Kittredge, Account Clerk, 207-287-5316 or e-mail: nancy.kittredge@state.me.us.
- VACANT, Secretary, School Nutrition Programs 207-287-5315
- Danielle McKay, Secretary, School Nutrition Programs 207-287-5903 or e-mail: danielle.mckay@state.me.us.

JDA/JM/dcm

****
*** TX REPORT ***
****

TRANSMISSION OK

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CONNECTION ID	
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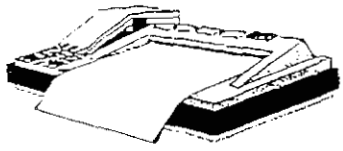

Facsimile Cover Sheet

To:	Rina Patel
Company:	Program Integrity Assurance Associate, SLD
Phone:	973-884-8359
Fax:	973-599-6522
From:	Louisa Loke
Company:	NAFI
Phone:	978-774-0774 or 978-774-0775, ext. 192
Fax:	978-774-2262
E-Mail:	Louisaloke@nafi.com
Date:	7/31/02
No. of pages including cover page:	5

Comments:

Re: Discount Information for NAFI-Hendry County and Cromwell Academies

NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

ADMINISTRATIVE OFFICES:
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: http://nafi.com

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

Re: E-rate Application – Discount Information for NAFI-Hendry County and Sawmill Academy

Dear Ms. Patel,

All students at NAFI-Hendry County and Sawmill Academy are in state custody. They automatically qualify as Residential Child Care Institutions (RCCI).

Attached please find the contract from Florida Department of Education that indicated a total number of 64 enrollments from NAFI-Hendry and 27 enrollments from Sawmill Academy. All of them are approved for the free lunch program. The contract is kept on file at our office in Danvers, MA.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

FLORIDA DEPARTMENT OF EDUCATION

CHARLIE CRIST
COMMISSIONER

DAVID A. MORRIS, CHIEF
BUREAU OF SCHOOL BUSINESS SERVICES

MILTON T. TANKERSLEY, ADMINISTRATOR
FOOD AND NUTRITION MANAGEMENT

MEMORANDUM

TO: National School Lunch/School Breakfast Program Sponsor

FROM: Darlene Trott, Program Specialist III
Program Operations
Food and Nutrition Management

SUBJECT: Change Approval

Enclosed is an *updated* Approval Notice indicating the effective date and number of sites approved for each program. This notice reflects the changes that were submitted to our office via the Food and Nutrition Management's web site. Please maintain this copy in your files for future reference.

If you have any questions, please call me at (800) 504-6609.

/dt

Enclosure

325 WEST GAINES STREET • ROOM 1032 • TALLAHASSEE, FLORIDA 32399-0400 • (850) 488-7256 • FAX (850) 921-8203
http://www.fim.edu/doe

An affirmative action/equal opportunity employer

FLORIDA DEPARTMENT OF EDUCATION

Charlie Crist
Commisioner of Education

Date 02-Nov-01 **Agreement Number:** 01-0334

To: *NORTH AMERICAN FAMILY INSTITUTE*
10 HARBOR STREET
DANVERS, FL MA 01923-

From: Milton T. Tankersley, Administrator Food and Nutrition Management

Subject National School Lunch / Breakfast Program Approval Notice (Effective 10/1/01)

In accordance with 7 CFR parts 210, 220, and 245 as authorized under the Child Nutrition and WIC Reauthorization Act of 1998, the programs listed on the ESE 491 Program Update forms are approved.

A copy of the approved ESE 491 Program Update forms is attached.

Approved programs are as follows:

Type of Program	Number of Sites on Each Program
Lunch	5
Nonsevere Need Breakfast	5
Severe Need Breakfast	0
ASSP - Area Eligible	0
ASSP - Non-Area Eligib	0

Free Severe Need Breakfast Rate: $0.0000

Reduced Severe Need Breakfast Rate: $0.0000

These programs are Non Pricing

The Food and Nutrition Management web site is to be used when any change needs to be made to the Application for Participation, Schedule A or Schedule B. Additional information may be requested from David Thomas in the Food and Nutrition Management Office.

MTT

cc: FNM Program Operations, FNM Fiscal Operations, Food Distribution Office

Tallahassee, Florida 32399
Affirmative action / equal opportunity employer

SCHEDULE B — National School Lunch, School Breakfast, And After School Snack Program — Agreement Number 01-0334

Fiscal Year 2002 — PROGRMA OPERATION — Name of Sponsor: NORTH AMERICAN FAMILY INSTITUTE

Public School Number	School of Qualifying School	Percentage of EN Children	Pricing/Nonpricing	Number of Students Served Daily	Date of Operation From	Date of Operation To	DOE USE ONLY: Area Eligible
0010	0010	100 %	○ P ○ N	40	1/1/02	6/30/02	☑
School Name: NAFI/DEFUNIAK SPRI							
School Address: 286 GENE HURLEY RD.			City: DEFUNIAK				
0030	0030	100 %	○ P ○ N	32	1/1/02	6/30/02	☑
School Name: NAFI/HALFWAY HOUS							
School Address: 31101 NAFI DRIVE			City: IMMOKALEE				
0040	0040	100 %	○ P ○ N	32	1/1/02	6/30/02	☑
School Name: NAFI/YOUTH DEVELC							
School Address: 31101 NAFI DRIVE			City: IMMOKALEE				
0050	0050	100 %	○ P ○ N	30	1/1/02	6/30/02	☑
School Name: NAFI/MONTICELLO NI							
School Address: 1500 SOUTH JEFFERSON			City: MONTICELLO				
0060	0060	100 %	○ P ◉ N	27	1/1/02	6/30/02	☑
School Name: SAWMILL ACADEMY							
School Address: 2609-E SPRINGHILL RD			City: TALLAHASSEE				
Total Numbers or the Numbers of Checked Boxes							
5				161			5

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*** TX REPORT ***
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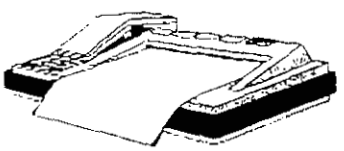

Facsimile Cover Sheet

To:	Rina Patel
Company:	Program Integrity Assurance Associate, SLD
Phone:	973-884-8359
Fax:	973-599-6522
From:	Louisa Loke
Company:	NAFI
Phone:	978-774-0774 or 978-774-0775, ext. 192
Fax:	978-774-2262
E-Mail:	Louisaloke@nafi.com
Date:	7/31/02
No. of pages including cover page:	5

Comments:

Re: Discount Information for Centerpoint

NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

ADMINISTRATIVE OFFICES
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: http://nafi.com

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

Re: E-rate Application – Discount Information for Centerpoint School

Dear Ms. Patel,

Attached please find a completed sample survey form for the free and reduced lunch program.

Total enrollment: 30
Number of surveys sent out: 30
Number of responses received: 30
Number of eligible students: 27
The surveys are kept on file at Centerpoint School in Winooski, VT

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS 2001 - 2002

Rec'd 4/29

To apply for free or reduced price meals, complete this form, sign it and return it to the School.

1. Name of School	List NAME(S) of student(s)	Grade	If the child(ren) has a FOOD STAMP or ANFC case number, list the number below, then SKIP TO PART 4 of this form. Do not list Medicaid number.	
			Food Stamp Number	ANFC Case Number
CENTERPOINT ADOLESCENT TREATMENT SERVICES		9		

2. [ ]Check here if this application is for a FOSTER CHILD ; List the child's monthly personal use income. (Write "0" if the child has no personal use income), then SKIP TO PART 4 of this form.	$

3. List NAMES OF ALL HOUSEHOLD MEMBERS, including students listed above (If you completed Food Stamp or ANFC section of Part 1 or completed Part 2 above, skip to Part 4)	Gross MONTHLY Earnings (Before deductions-taxes, etc.)		MONTHLY Child Support Alimony Welfare	MONTHLY Social Security Pensions Retirement	Any other MONTHLY Income
	Job 1	Job 2			
	2000 -	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian	Social Security Number* (if none, write "none")
Street/Apt No.	Home Phone 802
	Work Phone 802
City/State/Zip 05403	Date Signed 4

*PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or ANFC case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY — DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion:	Eligibility Determination:
Weekly x 4.33 Every 2 weeks x 2.15 Twice a Month x 2	☐ Approved Free
Total Household Size: _____ Monthly Income: _____	☑ Approved Reduced Price
	☐ Temporary Until: _____
	☐ Denied
	Reason For Denial: ☐ Over-Income

Copy to: Mike Gauthier
Kathy Pattengill

File

STATE OF VERMONT
DEPARTMENT OF EDUCATION
120 State Street
Montpelier, VT 05620-2501

September 12, 2001

Dave Hancock
Centerpoint Adolesc. Trtmt. Svcs.
81 West Canal St.
Winooski, VT 05404

Dear Dave,

This letter is to inform you that your School District qualifies for Severe Need Rates for both the School Lunch and School Breakfast Programs during the 2001-2002 school year.

School Lunch and Breakfast Programs qualify for additional reimbursement if a significant number of the meals they serve go to children who qualify for free or reduced price benefits. These Programs are designated as "Severe Need".

According to federal regulations, School Lunch Programs where **60%** or more of the lunches served two years ago were free or reduced price qualify for an additional 2 cents per meal. Thus your lunch reimbursement rates for 2001-2002 will be:

Paid	$ .22
Reduced	$1.71
Free	$2.11

School Breakfast Programs qualify for extra reimbursement if at least **40%** of the *lunches* served two years ago went to free or reduced price eligible children. The regular and severe need breakfast rates for 1999-2000 are:

Regular Breakfast Rates	
Paid	$.21
Reduced	$.85
Free	$1.15

Severe Need Rates	
Paid	$.21
Reduced	$1.07
Free	$1.37

It is important to note that while the extra reimbursement for the *lunch* program applies to all meals, the severe need rates for *breakfast* apply only if your reported costs each month exceed the regular rates. Please refer to the Reimbursement Worksheet (NCR 3 6) in the *Financial Recordkeeping for School Food Service Manual* to calculate your actual monthly reimbursement.

Nourishing and nurturing go hand in hand. As one Berkeley researcher put it: "I always feed people I want to teach something to." In the same way, your school's breakfast program has a very important role to play in improving the ability of your students to learn and achieve to their full potential.

If you have any questions about the Severe Need rates or would like help starting a breakfast program, please call Sue Clark at 802-828-5152.

Sincerely,

Josephine Busha

Josephine Busha
State Director, Child Nutrition Programs

cc: Business Manager

****
*** TX REPORT ***
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TRANSMISSION OK

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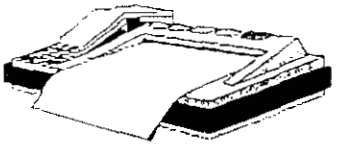

Facsimile Cover Sheet

To:	Rina Patel
Company:	Program Integrity Assurance Associate, SLD
Phone:	973-884-8359
Fax:	973-599-6522
From:	Louisa Loke
Company:	NAFI
Phone:	978-774-0774 or 978-774-0775, ext. 192
Fax:	978-774-2262
E-Mail:	Louisaloke@nafi.com
Date:	7/31/02
No. of pages including cover page:	3

Comments:

Re: Discount Information for Turning Points School

NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

ADMINISTRATIVE OFFICES
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: http://nafi.com

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

Re: E-rate Application – Discount Information for Turning Points School

Dear Ms. Patel,

Attached please find a completed sample survey form for the free and reduced lunch program.

Total enrollment: 25
Number of surveys sent out: 25
Number of responses received: 23
Number of eligible students: 23
The surveys are kept on file at Turning Points School in Newport, VT

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS 2001 - 2002

To apply for free or reduced price meals, complete this form, sign it and return it to the school.

If you have any questions, please call the school.

Part 1. List each child's information. If the child(ren) has a FOOD STAMP or ANFC case number, list the number below, then SKIP TO Part 4 of this form. Do not list Medicaid number.

(1) NAME(S) of student(s)	Name of School	Grade	Food Stamp #	ANFC Case #
[illegible]	[illegible]	5		

Part 2. [ ]Check here if this application is for a FOSTER CHILD : List the child's monthly personal use income. (Write "0" if the child has no personal use income), then SKIP TO Part 4 of this form. $

Part 3. List NAMES OF ALL HOUSEHOLD MEMBERS, Including students listed above, and all INCOME (If you completed Food Stamp or ANFC section of Part 1 or completed Part 2 above, skip to Part 4)

Name of household member	Gross MONTHLY Earnings (Before deductions-taxes, etc.)		MONTHLY Child Support Alimony Welfare	MONTHLY Social Security Pensions Retirement	Any other MONTHLY Income
	Job 1	Job 2			
[illegible]			660		
[illegible]					
[illegible]					
[illegible]					

Part 4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian [illegible]	Social Security Number* (if none, write "none") [illegible]
Street/Apt No. [illegible]	Home Phone [illegible]
	Work Phone
City/State/Zip [illegible]	Date Signed 8/28/01

Part 5. Other Benefits: You do not need to complete this Part to get free or reduced school meals.
Are the children listed on this application enrolled in a health insurance program? Circle one: Yes No
Children who qualify for free or reduced price school meals may qualify for the Health Insurance Program, Dr. Dynasaur
(Please see other side for additional health insurance information)

*PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or ANFC case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY — DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion:

Weekly x 4.33 Every 2 weeks x 2.15 Twice a Month x 2

Total Household Size: 4 Monthly Income: 660.00

Eligibility Determination:

☑ Approved Free ☐ Temporary Until:

☐ Approved Reduced Price ☐ Denied

Jocelyn Davis 09-05-01
Signature of Determining Official Date

Reason For Denial: ☐ Over-Income

☐ Incomplete Application ☐ Other

2/revised

****
*** TX REPORT ***
****

TRANSMISSION OK

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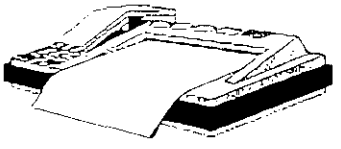

Facsimile Cover Sheet

To:	Rina Patel
Company:	Program Integrity Assurance Associate, SLD
Phone:	973-884-8359
Fax:	973-599-6522
From:	Louisa Loke
Company:	NAFI
Phone:	978-774-0774 or 978-774-0775, ext. 192
Fax:	978-774-2262
E-Mail:	Louisaloke@nafi.com
Date:	7/31/02
No. of pages including cover page:	4

Comments:

Re: Discount Information for ACE and Alternatives

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Web Site: http://nafi.com

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

Re: E-rate Application – Discount Information for ACE and Alternatives

Dear Ms. Patel,

All students at ACE and Alternatives are in state custody. They automatically qualified as Residential Child Care Institutions (RCCI).

Attached please find the contract from Rhode Island Department Elementary and Secondary Education that indicated a total number of 22 enrollments from ACE and 16 enrollments from Alternatives. All of them are approved for the free lunch program. The contract is kept on file at our office in Danvers, MA.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

Rhode Island Department of Elementary and Secondary Education
Office of Integrated Social Services

National School Lunch Program
Agreement/Application Amendment
For
After School Care Snack Programs

1999-2000

Name of School: NORTH AMERICAN FAMILY INSTITUTE,INC. Agreement # 34801

This Amendment modifies the 1999-00 National School Lunch Program Agreement between the Rhode Island Department of Elementary and Secondary Education (RIDE) and the North American Family Institute herein after referred to as School Food Authority (SFA) by incorporating language and information necessary for participation in the new After School Care Snack Program. All applicable provisions of the current Agreement and Appendices remain in effect until a new Agreement is issued, or changes are approved by RIDE.

Please provide the following information:

Site	Enrollment	Dates of Operation From: To:	Name of School Used To Determine Area Eligibility	Age Range of Participants
RI NAFI Main Street 648 Main St., Warren	8	10/1/99-9/30/00	North American Family Institute	13-17
RI Challenges 151 Ridge St. Pawtucket	8	10/1/99-9/30/00	North American Family Institute	13-17
RI Alternatives 350 Duncan Drive, Prov.	16	10/1/99-9/30/00	North American Family Institute	13-17
ACE Program Cranston	22	10/1/99-9/30/00	North American Family Institute	13-17
RI Oakland Beach 280 Pequot Ave., Warwick	8	10/1/99-9/30/00	North American Family Institute	13-17

(List additional sites on other side)

DESCRIBE EDUCATION OR ENRICHMENT ACTIVITIES YOU PROVIDE IN AFTER SCHOOL CARE SNACK PROGRAM: see attached

In fulfilling its responsibility, the SFA and each school/ site under its jurisdiction listed agrees as follows:

- To operate the program in compliance with State health and safety standards.
- To operate the After School Care Snack program, accepting final administrative and managerial responsibility for operations and to meet all program requirements.
- To provide snacks to students participating in the After School Care Snack program through the age of eighteen, and to students turning nineteen during the school year.
- To provide snacks to students determined to be mentally or physically disabled, regardless of age if they are participating in the After School Care Snack program.

- To only claim reimbursement for snacks for those programs whose purpose is to provide care in an after school setting for students enrolled in the SFA. The programs will include an educational or enrichment component and be organized to provide children with regularly scheduled activities that are structured and supervised. Eligible sites will have open participation, limited only by factors such as space or security. Organized athletic teams engaged in interscholastic or other competitive sports are not eligible to participate.
- To claim reimbursement only for snacks served after the child's scheduled school day. Snacks served on weekends, holidays, during vacation periods, or before or during a child's school day will not be claimed for reimbursement.
- To claim all snacks at the free rate of reimbursement at schools/sites where 50 percent or more of the children enrolled at the area qualifying school are eligible for free or reduced price meals regardless of each individual child's eligibility, and not to charge students at these schools/sites for their snacks.
- To claim reimbursement based on the meal eligibility status of each child served in schools/sites where less than 50 percent of the enrolled children in the school are eligible for free or reduced price meals. To designate these schools/sites as pricing or nonpricing and to submit collection procedures to RIDE for all such locations.
- To not charge greater than 15 cents for a reduced price snack in a pricing program.
- To only claim for reimbursement those snacks that meet or exceed the minimum standards established for meal supplements, and to maintain documentation of the foods and portions served to meet those standards.
- To maintain a roster or sign in sheet at each site to verify daily attendance, and to implement a system to document the service of a snack to each child. To claim no more than one snack per child per day.
- To maintain adequate program documentation for current claims.

CERTIFICATION STATEMENT

This is to certify that the authorized representative of the Sponsoring Organization indicated below has carefully read and understands the content of this Agreement amendment.

Sponsoring Organization

Hildegarde Paris

Signature of Authorized Representative | Name(printed or typed)

Director of Operations | 1/5/00

Title | Date Signed

Do not write below this line – for State Agency use only

State Agency

This amendment is effective beginning April 1, 2000 (date) through 9/30/00 (date)

Virginia da Mota | 4/6/00

Virginia da Mota | Date Signed

Director, Office of Integrated Social Services

****
*** TX REPORT ***
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TRANSMISSION OK

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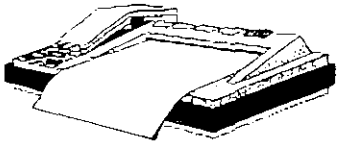

Facsimile Cover Sheet

To: Rina Patel
Company: Program Integrity Assurance Associate, SLD
Phone: 973-884-8359
Fax: 973-599-6522

From: Louisa Loke
Company: NAFI
Phone: 978-774-0774 or 978-774-0775, ext. 192
Fax: 978-774-2262
E-Mail: Louisaloke@nafi.com
Date: 7/31/02

No. of pages including cover page: 3

Comments:

Re: Discount information for Davenport School

NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

ADMINISTRATIVE OFFICES
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: http://nafi.com

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

Re: E-rate Application – Discount Information for Davenport School

Dear Ms. Patel,

All students at Davenport School are in state custody. They automatically qualified as Residential Child Care Institutions (RCCI).

Attached please find the letter from Sate of NH Department of Education that indicated students at Davenport School are eligible for free lunch program. There are a total of 15 enrollments at Davenport School. The letter is kept on file at Contoocook office in Contoocook, NH.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

Nicholas C. Donohue
COMMISSIONER
Tel. 603-271-3144

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301
FAX 603-271-1953
Citizens Services Line 1-800-339-9900

Paul Dann, Exec Director
NFI NORTH INC, SAU 773
105 Loudon Road
Concord, NH 03301

March 13, 2002

Dear Director Dann:

We are pleased to send your office the approved application for participation in the 2001-2002 National School Lunch Program (NSLP). This program is funded by the United States Department of Agriculture, through NSLP Regulation 7 CFR Parts 210 and 215. As part of this application approval, your office will be reimbursed for meals or milk served to children.

Please Review the following list of approved school programs within your SAU. If you see an error, please call our office at (603) 271-3646 for correction.

School	Lunch Program	Severe Need Lunch	Breakfast Program	Severe Need Breakfast	Snack Program	Milk Program
DAVENPORT SCHOOL	☑	☑	☑	☑	☑	☐
NFI - MIDWAY SHELTER	☑	☑	☑	☑	☑	☐
NFI - NORTH COUNTRY SHELTER	☑	☑	☑	☑	☑	☐
NORTHERN NH YOUTH SVCS	☑	☑	☑	☑	☑	☐
THE CONTOOCOOK SCHOOL	☑	☐	☑	☐	☑	☐

Please keep this application/amendment on file for three years plus the current year. If you are interested in participating in other Federal feeding programs, please call our office at (603) 271-3646 for assistance.

Sincerely,

Elaine A VanDyke

Elaine A. VanDyke
Administrator, Bureau of Nutrition Programs and Services

****
*** TX REPORT ***
****

TRANSMISSION OK

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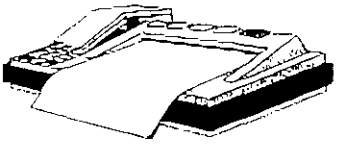

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Company: Program Integrity Assurance Associate, SLD
Phone: 973-884-8359
Fax: 973-599-6522

From: Louisa Loke
Company: NAFI
Phone: 978-774-0774 or 978-774-0775, ext. 192
Fax: 978-774-2262
E-Mail: Louisaloke@nafi.com
Date: 7/31/02

No. of pages including cover page: 3

Comments:

Re: Discount Information for Caledonia School

NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

ADMINISTRATIVE OFFICES:
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: http://nafi.com

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

Re: E-rate Application – Discount Information for Caledonia School

Dear Ms. Patel,

Attached please find a completed sample survey form for the free and reduced lunch program.

Total enrollment: 17
Number of surveys sent out: 17
Number of responses received: 7
Number of eligible students: 7
The surveys are kept on file at Caledonia School in St. Johnsbury, VT

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS 2001 - 2002

To apply for free or reduced price meals, complete this form, sign it and return it to the school.
If you have any questions, please call the school.

Part 1. List each child's information. If the child(ren) has a **FOOD STAMP** or **ANFC** case number, list the number below, then **SKIP TO Part 4** of this form. Do not list Medicaid number.

FULL NAME(S) of student(s)	Name of School	Grade	Food Stamp #	ANFC Case #
[illegible]	The Caledonia School	10	7	7

Part 2. ( ) Check here if this application is for a **FOSTER CHILD**: List the child's monthly personal use income. (Write "0" if the child has no personal use income), then **SKIP TO Part 4** of this form. $

Part 3. List NAMES OF ALL HOUSEHOLD MEMBERS, including students listed above, and all INCOME (If you completed Food Stamp or ANFC section of Part 1 or completed Part 2 above, skip to Part 4)

Name of household member	Gross MONTHLY Earnings (Before deductions-taxes, etc.)		MONTHLY Child Support Alimony Welfare	MONTHLY Social Security Pensions Retirement	Any other MONTHLY Income
	Job 1	Job 2			
[illegible]	500.00				

Part 4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian Kevin D. Batten	Social Security Number* (if none, write "none") 008 48 2562
Street/Apt No. 196 Mountain View Dr. Apt B7 St. Johnsbury Vt.	Home Phone 748 0867
	Work Phone 748 3466
City/State/Zip St. Johnsbury Vt. 05819	Date Signed 8/22/01

Part 5. Other Benefits: You do not need to complete this Part to get free or reduced school meals.
Are the children listed on this application enrolled in a health insurance program? Circle one: Yes No
Children who qualify for free or reduced price school meals may qualify for the Health Insurance Program, Dr. Dynasaur.
(Please see other side for additional health insurance information)

PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or ANFC case number is provided, you must include the social security number of the household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY — DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion:	Eligibility Determination:
Weekly x 4.33 Every 2 weeks x 2.15 Twice a Month x 2	☐ Approved Free ☐ Temporary Until:
Total Household Size: _____ Monthly Income: _____	☐ Approved Reduced Price ☐ Denied
	Reason For Denial: ☐ Over-Income
_____ _____	☐ Incomplete Application ☐ Other
Signature of Determining Official **Date**	

Revised

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*** TX REPORT ***
****

TRANSMISSION OK

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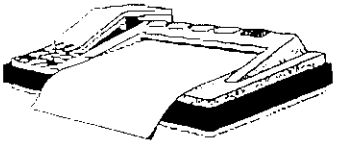

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Company: Program Integrity Assurance Associate, SLD
Phone: 973-884-8359
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Fax: 978-774-2262
E-Mail: Louisaloke@nafi.com
Date: 7/31/02

No. of pages including cover page: 2

Comments:

Re: Name of County in which the Schools are located

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TTY: (978) 762-6314
Web Site: http://nafi.com

July 31,2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

Re: E-rate Application – Name of County in Which the Schools are Located

Dear Ms. Patel,

Here is the information that you requested -

- Touchstone School is located at Litchfield County, CT
- The Sidney School is located at Kennebec County, ME
- The Buxton School is located at York County, ME
- North American Family Institute Hendry County is located at Hendry County, FL
- Centerpoint School is located at Chittenden County, VT
- Turning Points School is located at Orleans County, VT
- Positive Opportunity Program is located at Worchester County, MA
- Caledonia School is located at Caledonia County, VT

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com