opi.mt.gov

FREE AND REDUCED PRICE APPLICATION CHECKLIST

This checklist must be sent to OPI SNP by school districts making changes to the prototype for the Information Letter to Households, Instructions, Notification Letters and/or Free and Reduced Application. This includes all school districts using online applications.

Please submit this form to OPI via fax (406-444-2955) or email (tmotlas@mt.gov) before modified materials are distributed to families.

I agree to the following statements (Food Service Director & Determining Official, please initial):

- ☐ All fields present on the OPI SNP application are present on the proposed modified application from the school district.
- ☐ All information present on the OPI SNP application materials are present on the proposed modified materials from the school district.
- ☐ The modified application does not require households to complete any field that is not required by USDA. It avoids instructions such as "birth date required," "school name must be filled in," "use complete SSN", etc.
- ☐ All application requirements in the Eligibility Manual have been followed.
- ☐ For online applications: The SFA has reviewed applicable laws and guidelines to ensure that electronic signatures are legally binding (USDA Memo SP10-2007); data is adequately backed up; households are notified that their application was received (e.g., there is a confirmation number generated after submission); the SFA will be able to retrieve and sort the applications; paper applications and materials are still made available; confidentiality requirements are being met; the racial and ethnic identity survey is included and meets USDA requirements; the software is performing correctly and is updated as needed, to be in compliance with current and any new regulations set forth by the USDA and/or the state of Montana.
- ☐ The application conveys that any income field left blank is a positive indication of no income and certifies that there is no income to report.
- ☐ I certify that the above requirements have been met on our application and related materials.

Name of District: _____ Sponsor ID Number: _____

Food Service Director or Other Staff Responsible for Food Service

_____	_____	_____
Printed Name	Signature	Date

Determining Official (if different from above)

_____	_____	_____
Printed Name	Signature	Date

State Agency Use Section:

All fields on the OPI SNP application are present on the proposed modified application from the school district.

- ☐ Yes
- ☐ No. If NO, indicate missing and/or fields not required by USDA here:

Missing and/or Item Not Required	Date Updated

Any other issues or corrections required to proposed SFA modifications:

Sponsor Requested Modification(s):

- ☐ Approved
- ☐ Denied

_____ _____ _____

Name Signature Date

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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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