

ARKANSAS DEPARTMENT OF EDUCATION  
CHILD NUTRITION UNIT

**INSTRUCTIONS FOR APPLICATION FORM**  
**School Breakfast Program**  
**Documentation of Eligibility for Severe Need**  
**Reimbursement for SY 2016-2017**

In order to be eligible for severe need reimbursement for the School Breakfast Program, the following criteria must be met:

- (1) The **school** is currently participating in or desires to begin a breakfast program.
- (2) **Forty percent (40%)** or more of the lunches served to students in a **school** in the second preceding school year (2014-2015) were served free or at a reduced price.

**Only** school districts that wish to apply for severe need reimbursement under the School Breakfast Program must complete this severe need application form. **ALL** schools in the district **MUST** be listed on the form, even if all schools do not meet the criteria to receive severe need reimbursement.

**BOX A:**

- Col. 1 Enter the Local Educational Agency (LEA) number in ascending order, starting with the lowest number first.
- Col. 2 Enter the school name as reported on Annual School Reporting through APSCN (Arkansas Public School Computer Network) (Enrollment by School, **October 1, 2014**).
- Col. 3 Report 2014-2015 grade levels for the LEA.
- Col. 4 Enter the total number of free lunches served in the school during the 2014-2015 school year.
- Col. 5 Enter the total number of reduced price lunches served in the school during the 2014-2015 school year.
- Col. 6 Add the figures in Columns 4 and 5 and enter the sum of free and reduced price lunches.
- Col. 7 Enter the total number of all lunches (paid, free and reduced) served in the school during the 2014-2015 school year.
- NOTE: The number of lunches served during the 2014-2015 school year (Columns 4, 5 and 7) should be available by adding the totals from each school's daily record forms for each month of the 2014-2015 school year.
- Col. 8 Compute the percentage of free and reduced price lunches by dividing Column 6 by Column 7. This figure should be rounded to two decimal places, and must equal at least 40% for the school to be eligible to claim severe need reimbursement.
- Col. 9 If a school is active for 2016-2017 please check "Yes" or "No".

NOTE: The total of all meals **MUST AGREE** with the total of all lunch meals claimed for the 2014-2015 school year (*See the 2014-2015 year-to-date figures for the district*). See ADE Commissioner's Memo #CNU-16-010 for instructions on printing the year-to-date report.

## **BOX B:**

This information is requested in an effort to provide appropriate approval for the severe need rate in situations where a district has opened new facilities, closed a facility or reorganized grade groupings within a district.

- Col. 1 List any LEA number for a SY 2016-2017 school that is not listed in Box A as part of the SY 2014-2015 list, or that has the same LEA but has changed grade levels since SY 2014-2015.
- Col. 2 List the SY 2016-2017 school name corresponding to the LEA number in Column 1.
- Col. 3 List the SY 2016-2017 grade levels corresponding to the LEA/School listed in Columns 1 and 2.
- Col. 4-6 Check the appropriate column, (4, 5 or 6), to indicate the status of the LEA/School.
- Put a check in column 4 if the school is new since SY 2014-2015.
  - Put a check in column 5 if the school has reopened or has closed since SY 2014-2015.
  - Put a check in column 6 if the school has reorganized grades or grade groupings since SY 2014-2015.
- Col. 7 Give a brief explanation as to where the students in this facility were originally located in the school district. *For example*, if a SY 2014-2015 LEA is closed and the new SY 2016-2017 LEA now contains those SY 2014-2015 grade levels, it may be possible to extend the approval of the Severe Need reimbursement rate to the new LEA. (*Attach additional pages for explanation(s), if necessary.*)