

SCHOOL DISTRICT NAME: _____

SCHOOL DISTRICT LEA: _____

ARKANSAS DEPARTMENT OF EDUCATION
CHILD NUTRITION UNIT

**SEVERE NEED BREAKFAST REIMBURSEMENT
DISTRICT DECISION FORM
(SY 2016-17)**

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 the **school** in the second preceding school year (2014-2015) were served free or at a reduced price.

Please indicate whether or not the school district wishes to apply for severe need breakfast reimbursement for any school in the district:

_____ SCHOOL DISTRICT **DOES WANT** TO PARTICIPATE IN 2016-2017

_____ SCHOOL DISTRICT **DOES NOT WANT** TO PARTICIPATE IN 2016-2017

Signature of Superintendent

Date Signed

Deadline Extension: The deadline for school districts involved in annexation or consolidation can be extended. In case of delays caused by the merger approval process, a written extension request may be granted, however, the severe need application must be received prior to payment of the district claim for reimbursement for the SY 2016-2017. A written request for extension should first be mailed to the attention of Louann Griswood, Accounting Coordinator, no later than March 4, 2016.

Louann Griswood, Accounting Coordinator

Arkansas Department of Education

Child Nutrition Unit

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