Master Eligibilty List (MEL)

School Food Authority _____ **Date** _____ **Completed by** _____ **Year** _____

School	App. #	Date Approved	Class/ Teacher	LAST NAME STUDENT	FIRST NAME STUDENT	EP	V	Free DC			Free Categorical							Withdrawn
								DC LIST						Application	Application	Application	Application	
								NJ SNAP	TANF	FOSTER	Foster Letter	Migrant, Homeless and Runaway	Application Submitted by Local Official OR District-operated Head Start	Case # for NJ SNAP/ TANF or Foster Box Checked	Free Income	Reduced Income	Denied	
						5-4		3-2	3-3a	3-3b	3-3c	3-3d	3-3e	4-1	4-2	4-3		

Key

EP: Identified as error prone
V: Application has been verified
NJ/SNAP: NJ/SNAP identified by DC, excluded from verification
TANF: TANF identified by DC, excluded from verification
FOSTER: FOSTER identified by DC, excluded from verification
Foster Letter, Migrant, Homeless & Runaway: Identified by DCF Foster Care letter or by district homeless liaision; excluded from verification

District-operated Head Start OR Application Submitted by Local Official: District-operated Head Start is only from an approved list; A School Official submits an application on behalf of a family because of known circumstances; excluded from verification
Case # for NJ SNAP/TANF or Foster Box Checked on Application: Subject to verification
Free Income: Income provided on application; subject to verification
Reduced Income: Income provided on application; subject to verification
Denied: Application determined over the income guidelines, excluded from verifcation
Withdrawn: Date withdrawn from district

5-4, 3-2, 3-3a, 3-3b, 3-3c, 3-3d, 3-3e, 4-1, 4-2, 4-3: Correspond to the Verification Collection Report