

School District 145**07/19/2010**

Dear Parent/Guardian:

Children need healthy meals to learn. **School District 145** offers healthy meals every school day. Breakfast costs **\$1.30 for Elementary, \$1.45 for Secondary**; lunch costs **\$2.05 for Elementary, \$2.25 for Secondary**. Your children may qualify for free meals or for reduced-price meals. Reduced-price is **\$0.30** for breakfast and **\$0.40** for lunch.

If your child(ren) qualified for free or reduced-price meals at the end of last school year, you must submit a new application by **September 13, 2010** in order to avoid an interruption in meal benefits.

Frequently asked questions and answers:

1. Do I need to fill out an application for each child?

No. Complete the application to apply for free or reduced-price meals. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Robin Hoffman, 14511 Heywood Street, PO Box 426, Waverly, NE 68462.**

2. Who can get free meals?

Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), or getting TANF, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals?

Please call **402-786-2321** to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. Who can get reduced-price meals?

Your children can get low cost meals if your household income is within the USDA income eligibility guidelines.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced-price meals?

Please read the letter you got carefully and follow the instructions. Call the school at **402-786-2321** if you have questions.

6. I receive WIC. Can my child(ren) get free meals?

Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.

7. Will the information I give be checked?

Yes, we may ask you to send written proof.

8. If I don't qualify now, may I apply later?

Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP, TANF or other benefits. If you lose your job, your children may be able to get free or reduced-price meals.

9. What if I disagree with the school's decision about my application?

You should talk to school officials. You also may ask for a hearing by calling or writing to: **Bill Heimann, Superintendent, PO Box 426, Waverly, NE 68462. 402-786-2321.**

10. May I apply if someone in my household is not a U.S. citizen?

Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.

11. Who should I include as members of my household?

You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

12. What if my income is not always the same?

List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. If I qualify for free or reduced-price meals will my children be eligible for *Kid's Connection: Nebraska Children's Health Insurance Program*?

For more information on this program that provides health care coverage for children up to age 19, please call toll free 1-877-632-5437.

14. We are in the military, do we include our housing allowance as income?

If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. **All other allowances must be included in your gross income.**

If you have other questions or need help, call **402-786-2321**

Si necesita ayuda, por favor llame al teléfono: **402-786-2321**

Si vous voudriez d'aide, contactez nous au numero: **402-786-2321**

Sincerely,

Robin L. Hoffman

Instructions for Completing the Free and Reduced Priced School Meals Application

If your household receives benefits from the Supplemental Nutrition Assistance program (SNAP), formerly FOOD STAMP Program, or receives TANF, follow these instructions:

- Part 1:** List child(ren)'s name, school, and grade
- Part 1a:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying for a FOSTER CHILD or an institutionalized child, follow these instructions:

- Part 1:** Use a separate application for each foster or institutionalized child. List the child's name, school, and grade.
- Part 1a:** Skip this part.
- Part 2:** Check the box and list the child's personal use monthly income or zero if none.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school and grade.
- Part 1a:** Skip this part.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
 - Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column) and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

Free and Reduced Price School Meals Family Application

Part 1: Children in School (Must fill out a separate application for each foster child.)

Names of all Children in School (First, Middle Initial, Last)	Name of School	Grade

Part 1a: SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:
 (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4.

Part 2: Foster Child/Institutionalized Child

Check this box if application is for a foster child or a child who is residing in an institution. List the amount of the child's personal use monthly income: \$ _____. If there is no income, record "0". Skip to Part 4.

Part 3: Total Household Gross Income - You must tell us how much and how often.

1. Name List everyone in household <u>and</u> the income each earns <u>or</u> check the box at the right if they have no income	2. Gross Income and how often it was received								3. Check if NO income	
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income (Self Employment)			
	Income	How often	Income	How often	Income	How often	Income	How often		
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>

Part 4: Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his/her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
 Address: _____ Zip _____ Phone Number: _____
 Social Security Number: _____ I do not have a Social Security Number

Part 5: Children's Racial and Ethnic identities (optional)

Mark one Ethnic Identity: -- and -- **Mark one or more Racial Identities:**
 Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaska Native

Do not fill out this part. For school use only.

Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Total Household Size _____	Free <input type="checkbox"/>	Temporary Approval for Zero Income Until: _____
Total Income \$ _____ per	Reduced <input type="checkbox"/>	Results of Follow-up (45 days or less): _____
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo. <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week		
SNAP (formerly Food Stamps)/FDPIR/TANF <input type="checkbox"/>	Denied <input type="checkbox"/> Reason for Denial: _____	Follow-up Signature _____ Date: _____
Foster/Institutionalized Child <input type="checkbox"/>	Income too high <input type="checkbox"/> Incomplete App. <input type="checkbox"/>	Date Withdrawn from School: _____
Signature of Determining Official _____		Date Approved: _____
Signature of Confirming Official (Verification only) _____		Date Confirmed: _____

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals may use their 2009 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses, such as interest on home mortgages, medical expenses, and other similar non-business items are not allowed in reducing gross business income.

USDA has announced that **losses** (negative numbers) on the lines listed below can be used to determine the **total** income for this attachment. If the total income is a negative number, it must then be recorded as zero on the application in the category labeled "All Other Income".

Zero income resulting from the use of Form 1040 does not require follow-up.

Please note: Line **7** cannot be reported as current income. Income from wages or salaries must be reported on the application for the most recent month.

Line **22** (total income) and line **37** (adjusted gross income) may not be used for purposes of applying for free and reduced-price meals.

The required information for determining the allowable income from self-employment is to be taken from the **2009 U.S. Individual Income Tax Return Form 1040**.

Line 12, Business Income (or loss)	_____
Line 13, Capital Gain (or loss)	_____
Line 14, Other Gains (or losses)	_____
Line 17, Rental Real Estate, etc.	_____
Line 18, Farm Income (or loss)	_____

NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.

This attachment is used only to report income from self-employment and/or farming.

Total of above lines: _____ **equals annual self-employed income***

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the application.

* This figure is to be reported on the application under "All Other Income".

Sharing Information with Other Programs - Optional

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify.

For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **school activity programs**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Robin Hoffman** at **402-786-2321 x104**
Return this form to: PO Box 426, Waverly, NE 68462 by September 13, 2010.