

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Konawa Public School** offers healthy meals every school day. Breakfast costs \$ 1.75; lunch costs \$2.00. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is .30 for breakfast and .40 for lunch. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART for School Year: 2017			
Household Size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail **Roberta Brake, 580-925-3244, robertabrake@konawa.k12.ok.us**).
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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: Roberta Brake, child nutrition manager, 1-580-925-3244,).
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Roberta Brake, 580-925-3244,**) immediately.

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit **ONE** application per household, even if your children attend more than one school in **Konawa School**). The application must be filled out completely to certify your children for free or reduced-price schools meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Roberta Brake, 580-925-3244, robertabrake@konawa.k12.ok.us-**).

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION, AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do **NOT** have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **ALL** members in your household who are:

- Children aged 18 or under **AND** are supported with the household's income.
- In your care under a foster arrangement or qualify as homeless, migrant, or runaway youth.
- Students attending **Konawa School**), **regardless of age**.

- A. **List each child's name.** For each child, print his/her first name, middle initial, and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B. **Is the child a student at Konawa School)?** Mark *Yes* or *No* under the column titled *Student* to tell us which children attend **Konawa School**).
- C. **Do you have any foster children?** If any children listed are foster children, mark the *Foster Child* box next to the child's name. If you are **ONLY** applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions. If you are applying for both foster and nonfoster children, go to Step 3. **Foster children who live with you may count as members of your household and should be listed on your application.**
- D. **Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the *Homeless, Migrant, Runaway* box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDING FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)? If *Yes*, record the proper case number (only one per household) in the box. Skip to STEP 4.

If anyone in your household participates in the assistance programs, your children are **ELIGIBLE** for free school meals.

If NO ONE in your household participates in any of the above programs:

- Skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

FOR EACH ADULT HOUSEHOLD MEMBER: cont.

- Write a 0 in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

- B. List adult household members' names.** Print the name of each household member in the boxes marked *Names of Adult Household Members (First and Last)*. **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, Part A.
- C. Report earnings from work.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income from work in the *Earnings From Work* field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenues.
- D. Report income from public assistance/child support/alimony.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income that applies in the *Public Assistance/Child Support/Alimony* field on the application. Do not report the value of any cash value public assistance benefits **NOT** listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal regular payments should be reported as *Other* income in the next part.
- E. Report income from pensions/retirement/all other income.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income that applies in the *Pensions/Retirement/All Other Income* field on the application.
- F. Report total household size.** Enter the total number of household members in the field *Total Household Members (Children and Adults)*. This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.
- G. Provide the last four digits of your social security number.** The household's primary wage earner or another adult household member must enter the last four digits of his/her social security number in the space provided. **You are eligible to apply for benefits even if you do not have a social security number.** If no adult household member has a social security number, leave this space blank and mark the box to the right labeled *Check if no SSN*.

Sources of Income for Adults		
Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • NET income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from state or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • REGULAR cash payments from outside household

STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related. Children in foster care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read <i>How to Apply for Free and Reduced-Price School Meals</i> for more information	MI	Child's Last Name	School Name	Grade	Birth Date	Student?		Check all that apply												
						Yes	No	Foster Child	Homeless, Migrant, Runaway											

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? If No, go to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)

Case Number:

Write only one case number in this space.

STEP 3 Report income for ALL household members (Skip this step if you answered YES to STEP 2)

Are you unsure what income to include here?
Flip the page, and review the charts titled *Sources of Income* for more information.

The *Sources of Income for Children* chart will help you with the Child Income section.

The *Sources of Income for Adults* chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here.

Child Income: \$

How Often:
Weekly Bi-weekly Monthly

B. All Adult Household Members (Including Yourself)
List all household members not listed in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/ Child Support/ Alimony			Pensions/ Retirement/ All Other Income		
	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN)
of Primary Wage Earner or Other Adult Household Member

Check if No SSN

STEP 4 Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if available)

City State Zip Code

Daytime Phone and E-Mail (Optional)

Apt #

All Students Pre-K-thru 12th

Breakfast \$ 1.75

Lunch \$ 2.00

5 days x 1.75= \$8.75

5days x 2.00= 10.00

20 day x 1.75= 35.00

20 days x 2.00= 40.00

Reduced Prices for All students Pre-K-12th

Breakfast .30

Lunch .40

5 days x .30=1.50

5 days x .40= 2.00

20 days x .30= 6.00

20 days x .40= 8.00