

# *Bennington Public Schools*

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## Free/Reduced Price Meal Applications

Although our school is able to provide free meals to all students, this is based on grant funding that we are required to submit income data to continue to receive. Please read the instructions and fully complete the form, one per household. Even if your income is "0", please mark it as so. We are not allowed to make assumptions regarding income.

Sincerely,



Mary Pierce, LPC  
Guidance Counselor



*"A Small School Striving for Excellence"*





# INSTRUCTIONS Sources of Income

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> <li>Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full- or part-time job where he/she earns a salary or wages</li> </ul>
<ul style="list-style-type: none"> <li>Social Security                             <ul style="list-style-type: none"> <li>Disability payments</li> <li>Survivor's benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives social security benefits</li> <li>A parent is disabled, retired, or deceased, and his/her child receives social security benefits</li> </ul>
<ul style="list-style-type: none"> <li>Income from persons <i>OUTSIDE</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>A friend or extended family member <b>REGULARLY</b> gives a child spending money</li> </ul>
<ul style="list-style-type: none"> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child receives income from a private pension fund, annuity, or trust</li> </ul>

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

## OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**Ethnicity (Check One):**  Hispanic or Latino  Not Hispanic or Latino  
**Race (Check One or More):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at [http://www.usda.gov/complaint\\_filing\\_cust.html](http://www.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- Mail: U. S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D. C. 20250-9410
  - Fax: 202-690-7442
  - E-Mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)
- This institution is an equal opportunity provider.

## Do not fill out For School Use Only

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

Total Income	How Often?			Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility:	Date
	Annually	Bi-Weekly	2 x Month				
Determining Official's Signature		Date		Confirming Official's Signature		Date	
				Verifying Official's Signature		Date	

Survey Number: \_\_\_\_\_  
 [For School Use Only]

**E-Rate Household Survey Spring/Fall 2017<sup>1</sup>**

Please complete and return to the school office within two weeks.



Your Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each add'l family member add:	7,733	645	323	298	149

Is your income equal to or less than any of the amounts listed next to the number you circled? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family qualify for medical assistance under Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family receiving Supplementary Security Income (SSI)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive housing assistance (section 8)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive home energy assistance (LIHEAP)? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2017

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2017 to June 30, 2018 (Federal Register/ Vol.82, No. 67/ Monday, April 10, 2017/ Notices, pg. 17184)