

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 **Tuttle Public Schools**. The application must be filled out completely to certify your children for free or reduced-price school 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 **Jeff DeWitt, 405-381-2605, jdewitt@tuttleschools.info**.

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 **Tuttle Public Schools**, *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 Tuttle Public Schools?** Mark *Yes* or *No* under the column titled *Student* to tell us which children attend **Tuttle Public Schools**.
- 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. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are **ONLY** applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.
- 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 NEEDY 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.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A. **Report all income earned by children.** Refer to the chart titled *Sources of Income for Children* in these instructions, and report the combined gross income for **ALL** children listed in STEP 1 in your household in the box marked *Total Child Income*. Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

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

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

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

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **NOT** include people who:

- Live with you but are not supported by your household’s income **AND** do not contribute income to your household.
- Children and students already listed in STEP 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they *take home* and not the total *gross* amount. Make sure that the income you report on this application has **NOT** been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

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 determines your income cutoff 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) • Strike benefits 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 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • REGULAR cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the application.**

- A. ***Provide your contact information.*** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.** Sharing a phone number, e-mail address, or both is optional, but helps us reach you quickly if we need to contact you.
- B. ***Print and sign your name.*** Print your name in the box *Printed Name of Adult Completing the Form*. Sign your name in the box *Signature of Adult Completing the Form*.
- C. ***Today's date.*** In the space provided, write today's date.
- D. ***Share children's racial and ethnic identities (optional).*** On the back of the application, we ask you to share information about your children's race and ethnicity. **This field is optional and does not affect your children's eligibility for free or reduced-price school meals.**

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.	Child's First Name	MI	Child's Last Name	School Name	Birth Date	Student?		Click all that apply	Foster Child	Homeless, Migrant, Runaway
						Yes	No		<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"/>	<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"/>

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If you do not receive SNAP, TANF, or FDPIR benefits, complete STEP 3. If you receive SNAP, TANF, or FDPIR benefits, 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)

Please read *How to Apply for Free and Reduced-Price School Meals* for more information. The *Sources of Income for Children* section will help you with the *Child Income* question. The *Sources of Income for Adults* section will help you with the *All Adult Household Members* section.

A. **Child Income**
Sometimes children in the household earn income. Please include the total income earned by all children in the household listed in STEP 1 here.

\$ CHILD INCOME

How Often			
Weekly	Bi-weekly	2x Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 receives income, report total income for each source in whole dollars 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	How Often			
	Weekly	Bi-weekly	2x Month	Monthly
\$	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Assistance/Child Support/Alimony	How Often			
	Weekly	Bi-weekly	2x Month	Monthly
\$	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pensions/Retirement/All Other Incomes	How Often			
	Weekly	Bi-weekly	2x Month	Monthly
\$	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN)

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 applicable) City State Zip Code Daytime Phone and E-Mail (Optional)

Printed Name of Adult Completing the Form Signature of Adult Completing the Form Today's Date

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

DO NOT FILL OUT THIS PART. THIS IS 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: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year Household Size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn _____

Reason for Denial or Withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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 are 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.

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at <<http://www.ascr.usda.gov/complaint.filing.cust.html>>, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-0410, by fax 202-690-7442, or e-mail at <program.intake@usda.gov>.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they **MAY** also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, ***the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price school meals unless you tell us not to.*** Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

No! I DO NOT want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or SoonerCare.

If you checked ***No***, fill out the form below to ensure that your information is ***NOT*** shared for the child(ren) listed below:

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 your child's school.
