

## USD #257-Food Service-305 N. Washington-Iola, KS 66749

Dear Parent/Guardian:

Your child may be eligible to receive healthy school meals at a reduced price or free. Following are questions and answers about who is eligible and how to apply.

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
<input checked="" type="checkbox"/> Lunch	2.40	.40	2.55	.40	2.65	.40
<input checked="" type="checkbox"/> Breakfast	1.75	.30	1.75	.30	1.75	.30
<input type="checkbox"/> After School Snack						

1. **Do I need to fill out an application for each child?** Use one application for all students in your household. Enter all required information and return the completed application to: Kathy Koehn, 305 N. Washington, Iola, KS 66749, 620-365-4700. We cannot approve an application that is not complete, so be sure to fill out all required information.
2. **Who can get free meals?** Students in households getting Food Assistance, Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR), can get free meals regardless of your income. Also, students in your household can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a State child welfare agency or court are eligible for free meals, regardless of income. The State must retain legal custody of a child. Any foster child in the household is eligible for free meals regardless of income.
4. **Can a homeless, runaway, migrant or Head Start student get free meals?** Yes, children who meet the definition of homeless, runaway, migrant or enrolled in Head Start qualify for free meals. If you haven't been told your children will get free meals, please contact the school's Homeless Liaison, Migrant Coordinator or Head Start Official: Jack Koehn, 620-365-4700
5. **Who can get reduced price meals?** Students in your household can get reduced price meals if your household income is within the reduced price limits on the Federal Income Eligibility Guidelines (see chart on the back of the application form).
6. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter carefully and follow the instructions. If you have questions, contact the Determining Official: Kathy Koehn, 305 N. Washington, Iola, KS 66749, 365-4700
7. **My child's application was approved last year. Do I need to fill out another one?** Yes, your child's application is only good for that school year and for up to 30 operating days of this new school year. Unless you are notified that your child has been directly certified or you submit an application that is approved, the child must pay full price for school meals. The school will not send a reminder or notice of expired eligibility when the carry-over period ends.
8. **I get WIC. Can my child(ren) get free meals?** Students in households participating in WIC may be eligible for reduced price or free meals. Please fill out an application.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof.
10. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. **What if I disagree with the school's decision about my application?** Talk to the Determining Official. You may also request a hearing by contacting the Hearing Official: Marcie Boring, 365-4700
12. **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 reduced price or free meals.
13. **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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **What if my gross income is not always the same?** List the amount that you normally get. For example, if your normal gross income is \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but only if you regularly work overtime.
15. **We are in the military. Do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, 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.
16. **My spouse is deployed in a combat zone. Is his/her combat pay counted as income?** Combat pay is not counted as income if it is received in addition to basic pay and it wasn't received before deployment.
17. **My family needs more help. Are there other programs for which we can apply?** Contact the Kansas Department for Children and Families (DCF) 1-888-369-4777 or visit [www.dcf.ks.gov](http://www.dcf.ks.gov).

If you have other questions or need help, call: 620-365-4700

Si necesita ayuda, por favor llame al teléfono: 620-365-4700

Si vous voudriez d'aide, contactez nous au numero: 620-365-4700

For USDA's translated materials, go to <http://www.fns.usda.gov/school-meals/family-friendly-application-translations>.

For KSDE's Spanish translations, go to [http://www.kn-eat.org/SNP/SNP\\_Menus/SNP\\_Admin\\_Foreign\\_Language\\_Translations.htm](http://www.kn-eat.org/SNP/SNP_Menus/SNP_Admin_Foreign_Language_Translations.htm).

## How to Apply for Reduced Price or Free School Meals

If your household gets Food Assistance, TAF or FDPIR, follow these instructions:

**Part A:** Enter the following information:

- Each household member's first and last name.
- Each student's school and grade.

**Part B:** List the case number for any household member (including adults) receiving Food Assistance, TAF or FDPIR benefits. A Medicaid number cannot be accepted.

**Part C:** Skip this part.

**Part D:** Skip this part.

**Part E:** Sign and date the form. The last four digits of a Social Security number are **not** necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

**If all children in the household are foster children:**

**Part A:** List all foster children and the school name and grade for each child. Check the box indicating the child is a foster child.

**Part B:** Skip this part.

**Part C:** Skip this part.

**Part D:** Skip this part.

**Part E:** Sign and date the form. The last four digits of a Social Security number are **not** necessary.

**If some of the children in the household are foster children:**

**Part A:** List **all** household members including foster child(ren).

- Check the box if the child is a foster child.
- Follow procedures below for All Other Households.

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

**Part A:** List **all** household members living in your household, related or not (such as grandparents, other relatives, or friends) and the name of each student's school and grade. For any person, including children, with no income, you must check the "Zero Income" box. Attach another sheet of paper if more space is needed.

**Part B:** If the household does not have a case number, skip this part.

**Part C:** **Report the GROSS income for all household members from last month.** Gross income is the amount earned BEFORE taxes and any other deductions. This is NOT the same as take-home pay. The gross amount should be listed on the pay stub.

- List the **gross income** each household member earned from work and circle the Frequency code that shows how often the income is received.
- List the amount the person got last month from other income including welfare, child support, alimony, retirement pensions, Social Security, 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. Circle the Frequency code that shows how often the income is received.
- If the household has **income from self-employment** (such as from a self-owned business, farm or rental income), report net income in the Earnings from Work columns. See the back side of the application form for instructions on reporting self-employment income.
- If the household is in the **Military Housing Privatization Initiative** or gets combat pay, do NOT include these allowances as income.

**Part D:** If any child you are applying for is homeless, migrant, a runaway or enrolled in Head Start check the appropriate box and call your child's school.

**Part E:** An adult household member must sign and date the form and list the last four digits of their Social Security number or check the box if s/he does not have one.

## 2014-2015 Application for Child Nutrition Program Benefits

**Important!** Carefully follow instructions. An incomplete application cannot be approved. Complete one application per household. Return completed application to school.

A. HOUSEHOLD MEMBERS						C. TOTAL HOUSEHOLD GROSS INCOME BEFORE ANY DEDUCTIONS											
List Names of ALL Household Members		Complete these columns ONLY for Students Enrolled in this District.		Check if a Foster Child. Skip to Part E to sign this form if ALL are Foster Children.	Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly											
First Name	Last Name	School Name (or "NA" if child is not in school)	Grade			Earnings from Work				Other Regular Income							
						Amount	Select Frequency			Amount	Select Frequency						
1.				<input type="checkbox"/>	<input type="checkbox"/>		W	E2	2M	M	Y		W	E2	2M	M	Y
2.				<input type="checkbox"/>	<input type="checkbox"/>		W	E2	2M	M	Y		W	E2	2M	M	Y
3.				<input type="checkbox"/>	<input type="checkbox"/>		W	E2	2M	M	Y		W	E2	2M	M	Y
4.				<input type="checkbox"/>	<input type="checkbox"/>		W	E2	2M	M	Y		W	E2	2M	M	Y
5.				<input type="checkbox"/>	<input type="checkbox"/>		W	E2	2M	M	Y		W	E2	2M	M	Y
6.				<input type="checkbox"/>	<input type="checkbox"/>		W	E2	2M	M	Y		W	E2	2M	M	Y
7.				<input type="checkbox"/>	<input type="checkbox"/>		W	E2	2M	M	Y		W	E2	2M	M	Y
8.				<input type="checkbox"/>	<input type="checkbox"/>		W	E2	2M	M	Y		W	E2	2M	M	Y

**B. BENEFITS** - If any member of your household receives Food Assistance, TAF or FDIPIR, provide the name and case number for the person who receives benefits and skip to Part E. If no one receives these benefits, go to Part C.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**D.** If any child you are applying for is homeless, migrant, a runaway, or enrolled in Head Start check the appropriate box and call your child's school.

Homeless     Migrant     Runaway     Head Start

**E. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER** - An adult household member must sign the application. IF PART C IS COMPLETED, the adult signing the form also must list the last four digits of his or her Social Security Number (SSN) or mark the "I do not have a SSN" box. (See Use Of Information Statement on the reverse side of this application.)

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X \_\_\_\_\_ Date: \_\_\_\_\_ Last four digits of SSN: \*\*\*-\*\*-\_\_\_\_\_ OR  I do not have a SSN

**FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.**

**Application Type** (check one)

Total Household Income: \$ \_\_\_\_\_ Household Size: \_\_\_\_\_

Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly

Food Assistance or TAF or FDIPIR

Foster Child

**Application Status**

Approved..... Free OR  Reduced Price

Denied..... Income over allowed amount  Incomplete/missing:

Notes: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_

Approval/Denial Date: \_\_\_\_\_

Notification Date: \_\_\_\_\_

Processor's Initials: \_\_\_\_\_

Confirming Official's Signature (ONLY for applications to be verified): \_\_\_\_\_

Review Date: \_\_\_\_\_

Your children may qualify for reduced price or free meals if your household income falls within the limits on this chart.

Federal Income Eligibility Guidelines					
Household size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each additional person:	7,511	626	313	289	145

**Income from Self Employment:** Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report 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 payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	<b>Report yearly income in Part 1, Gross Income Before Any Deductions.</b>

**Use of Information 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 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 Food Assistance, Temporary Assistance for Families (TAF) 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.** The U.S. Department of Agriculture 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](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 us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto: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.