2016-2017 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Date Received by LEA (LEA use only)

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Definition of Household	Child's First Name	MI	Child's Last Name	Building Name Grade Foster Migrat Runaw
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				
How to Apply for Free and Reduced Price School				
Meals for more information.				
STEP 2 Do any H	lousehold Members (including yo	u) currently participate in	one or more of the following assistance	programs: SNAP, TANF, or FDPIR? Circle one: Yes / No
If you answered NO > Co	mplete STEP 3. If you answered YES > W	rite a case number here then go	to STEP 4 (Do not complete STEP 3) Case Number	: Write only one case number in this spa
STEP 3 Report I	ncome for ALL Household Mem	bers (Skip this step if you a	nswered 'Yes' to STEP 2)	
	A. Child Income			How often?
Please read How to Apply for Free	Sometimes children in the household earn STEP 1 here.	income. Please include the TO	AL gross income earned by all children listed in	Weekly Bi-Weekly 2x Month Monthly
and Reduced Price School Meals for		'including vargelf\	Ψ	
more information. The Sources of	B. All Adult Household Members (List all Household Members not listed in ST	,	they do not receive income. For each Household Mem	ber listed, if they do receive income, report gross income for each source in
Income for Children	whole dollars only. If they do not receive inc	come from any source, write '0'. It	you enter '0' or leave any fields blank, you are certifying	
section will help you with the Child	Name of Adult Household Members (First and Last)	Earnings from Work Weekly	How often? Public Assistance/ Bi-Weekly 2x Month Monthly Child Support/Alimony Weekly	How often? Pensions/Retirement/ Bi-Weekly 2x Month Monthly All Other Income Weekly Bi-Weekly 2x Month Monthly
Income question. The Sources of Income		s	\$	s
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for Adults section will help you with the				: () () () \$ () () () ()
will help you with the All Adult Household		\$		
will help you with the		\$ O		000 s 0000
will help you with the All Adult Household	Total Household Members	\$ 0		
will help you with the All Adult Household	Total Household Members (Children and Adults)	\$ Last four digit of	Social Security Number (SSN) of rner or other adult household member	\$ Check if no SSN
will help you with the All Adult Household Members section.	(Children and Adults)	\$ Last four digit of primary wage ear	Social Security Number (SSN) of	\$ Check if no SSN
will help you with the All Adult Household Members section.		\$ Last four digit of primary wage ear	Social Security Number (SSN) of	\$ Check if no SSN
will help you with the All Adult Household Members section. STEP 4 Contact certify (promise) that all information	information and adult signatu	Last four digit of primary wage ear	Social Security Number (SSN) of the rner or other adult household members	School officials may verify (check) the information. I am aware that if I purposely give false
will help you with the All Adult Household Members section. STEP 4 Contact certify (promise) that all information	(Children and Adults) information and adult signatu	Last four digit of primary wage ear	Social Security Number (SSN) of the rner or other adult household members	er.
will help you with the All Adult Household Members section. STEP 4 Contact certify (promise) that all information formation, my children may lose not be contacted.	information and adult signature on this application is true and that all income is replaced benefits, and I may be prosecuted under application.	Last four digit of primary wage ear	Social Security Number (SSN) of oner or other adult household members at its 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
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NCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

mps/Temporary Assistance Household size:______Total income:_______Per: \[
\text{ ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONT

Food Stamps/Temporary Assistance Household size:______Total income:______ Eligibility: □Free □Reduced □Denied Reason:___ Date withdrawn:

Determining Official's Signature: Date Approved/Denied:

Confirming Official's Signature (For verification purposes only):_

INSTRUCTIONS

Sources of Income

Sources of Inc	ome for Children	Sources of Income for Adults			
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	Unemployment benefits Worker's compensation	Social Security (including railroad retirement and black lung benefits)	
- Social Security - Disability Payments - Survivor's Reposits	- A child is blind or disabled and receives Social Security benefits	Net income from self- employment (farm or business) If you are in the U.S. Military:	Supplemental Security Income (SSI) Cash assistance from State or	Private pensions or disability benefits Regular income from trusts or estates	
	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits		local government	- Annuities	
- Income from person outside the household	- A friend or extended family member regularly gives a child spending	Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	Alimony paymentsChild support paymentsVeteran's benefits	Investment income Earned interest Rental income Regular cash payments from outside	
Income from any "	- A child receives regular income from	- Allowances for off-base housing,	- Strike benefits		

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 La	atino			
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, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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, etc.), 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.ascr.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 (566) 632-9992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture (1) Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- fax: (202) 690-7442; or
- email: program.intake@usda.gov.

This institution is an equal opportunity provider.

PUBLIC RELEASE

JULY 29, 2016

<u>LAQUEY R-V SCHOOL</u> announced its revised free and reduced price policy for school children unable to pay the full price of meals served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Household	Maximum Household Income			Maximum	Household I	ncome
Size	Eligible for Free Meals			Eligible for	Reduced Pric	e Meals
	<u>Annually</u>	Monthly	Weekly	<u>Annually</u>	<u>Monthly</u>	Weekly
1	\$15,444	\$1,287	\$297	\$21,978	\$1,832	\$423
2	20,826	1,736	401	29,637	2,470	570
3	26,208	2,184	504	37,296	3,108	718
4	31,590	2,633	608	44,955	3,747	865
5	36,972	3,081	711	52,614	4,385	1,012
6	42,354	3,530	815	60,273	5,023	1,160
7	47,749	3,980	919	67,951	5,663	1,307
8	53,157	4,430	1,023	75,647	6,304	1,455
Each add'l						
member	+ 5,408	+ 451	+ 104	+ 7,696	+642	+ 148

Children from families whose current income is at or below those shown are eligible for free or reduced price meals. Applications are available at the school office. To apply, fill out a Free and Reduced Price School Meals Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or Food Stamp/TANF case number, (2) names of all household members, and (3) the signature and last four digits of social security number or indication of no social security number of adult household member signing the application. School officials may verify current income at any time during the school year.

Foster children may be eligible regardless of the income of the household with whom they reside.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Households will be notified of their children's eligibility status for free or reduced price meals. If any children were not listed on the eligibility notice for families receiving SNAP, TANF or FDPIR, the household should contact the school to have free meal benefits extended to those children.

If any child(ren) was not listed on the eligibility notice, the household should contact the LEA or school to have free meal benefits extended to that child(ren).

Under the provisions of the policy, the **FOOD SERVICE DIRECTOR** will review the applications and determine eligibility. If a parent is dissatisfied with the ruling of the determining official, they may wish to discuss the decision with the hearing official on an informal basis or he/she may make a request either orally or in writing to the **SUPERINTENDANT**. Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.