Door	Paren	HO	rand	ion

Children need healthy meals to learn.	offers healthy meals every school day. Breakfast costs \$; lunch
costs \$ Your children may qualify for free meals or for reduced price	meals. Reduced price is \$ for breakfast and \$ for tunch. To
apply for free or reduced-price meals, use the Household Eligibility Application,	which is enclosed. We cannot approve an application that is not complete, so
be sure to fill out all required information. Return the completed application to	

Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

	Reduced-Price Meals (185% Federal Poverty Guidelines)							
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly			
1	23,107	1,926	963	889	445			
2	31,284	2,607	1,304	1,204	602			
3	39,461	3,289	1,645	1,518	759			
4	47,638	3,970	1,985	1,833	917			
5	55,815	4,652	2,326	2,147	1,074			
6	63,992	5,333	2,667	2,462	1,231			
7	72,169	6,015	3,008	2,776	1,388			
8	80,346	6,696	3,348	3,091	1,546			
For each additional family member, add	8,177	682	341	315	158			

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Household Eligibility
  Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the
  completed application to the school.
- 2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
- WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
- 4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- 5. 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 haven't been told your children will get free meals, please contact your school.
- 6. 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 the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- 9. 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.
- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
- 11. 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 U.S. citizens to qualify for free or reduced price
- 12. 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.
- 13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

## INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

## IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.),
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

# IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1: List all household members and the name of school for each child.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions If you choose to. (Optional)

## IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

### If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2: Skip this part
- Part 3: Skip this part.
- Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities; Answer these questions if you choose to. (Optional)

#### If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1: List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Follow these instructions to report total household income from this month or last month.
- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take+home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

#### ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the name of school for each child,
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Follow these instructions to report total household income from this month or tast month.
- . Box 1-Name. List all household members with income.
- Box 2 —Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the
  money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount
  earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for
  the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability
  benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and
  any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For
  ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP,
  FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Privacy Act 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 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 Ihrough 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: <a href="http://www.ascr.usda.qov/complaint-filing-cust.html">http://www.ascr.usda.qov/complaint-filing-cust.html</a>, 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 (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.This institution is an equal opportunity provider.

APPLICATION FOR FREE MILIOMEAL AND RE	DUCED-PRICE ME	:ALS—Complete	One Application F	er Household Per S	Chool I	Jistrict.	instructions	on back.	1970	S	CHOOL	USE ONLY
1. All Household Members (Atta	ch another s	heet of pape	er if necess	ary.)						Chi	eck if Error	Prone Application
NAMES OF ALL HOUSEHOLD MEMBER First, Middle Initial, Last		(for Student only) School Name			SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below, if you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.							
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2. Homeless, Migrant, Runaway,  Homeless Migrant R	_	(Categorica		four School Hameless	s Liaiso	n, Migra					lity of a we	lifare agency or cour
3. Total Household Gross Income	e (before ded	uctions) Yoເ	ı must tell u	s how much a	and I	now o	ften.					
	GROSS INCOME	AND HOW OFTEN	IT WAS RECEIVE	ED (Example \$100/m	onth \$	100 /twic	e a month	\$100/ever	y other \	week \$1	00/week)	
A. (LIST ALL HOUSEHOLD MEMBERS	B. Earnings	From Work	C. We	elfare, Child	D	. Pe	nsions, Re	Retirement, E. Worker's Comp., Unemployment, SSI, etc. (All other income)				
WITH INCOME)	(Before C	eductions)		port, Alimony			Social Se		· ·	ment	SSI, etc.	(All other income
	Amount	How often?	Amount	How often?	_	Amo	unt	How oft	en?		mount	How often?
1.	\$		\$		S	; 				\$		
ii.	s		S		\$	;				\$		
iii.	s		\$		\$	;				\$		
iv.	s		\$		s	i				\$		
V.	\$		s		s	;				\$		
4. Signature and Social Security	Number (Adu	lt must sien	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	!			!_					
An adult household member must sign to signing the form must also list the last formark the I do not have a social security (certify (promise) all information on this application of the significant state of the significan	ication is true and	all income is rep	orted. Lunders	tand the school wi	ocial S	ecunity ederal	Number fundsbas	ed on the	einfon and l	secui mation	rity num <i>Laive. Lu</i>	nderstand schoo
Date	Printed	Name of Adul	l Household N	1ember		Sig	nalure of	Adult F	lousel	hold M	lember	
5. Contact Information (Optional Work Telephone Number (Include Area		elephone Num	nher (Include )	Area Code)	Нс	me Ar	droce (N	lumbar	Stran	Cilv	State 2	(ip Code)
			177010007			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		arribon,		i, Oity,	Dioio, 2	p 0000)
6. Children's Racial and Ethnic lo	dentities (Opt	ional)										
Mark one ethnic identity:  Hispanic/Latino  Not Hispanic/Latino	Mai	k one or more Asian White	☐ Black or	es r African America an Indian or Alas		ative	□ Na	live Hav	vaiian	or Oth	ner Paci	fic Islander
	- THE FO	LLOWING S	ECTIONS A	RE FOR SCH	DOL	USE (	ONLY-					
INITIAL DETERMINATION		-										
TOTAL INCOMES Per: We	Every 2 ek Weeks	Twice a Month	Month [	NUMBER Year HOUSEH			CHANG! STATUS					Date
LEAs must annualize income only when multi Annual Income Conversion Weekly X 52	ple incomes, at va Every 2 Weeks	rying frequencie X 26 Twice a	s are reported. Month X 24	Once a Month X	12							
migrant foster	or TANF	Reduced ba		☐ Denied—Reas ☐ income too ☐ incomplete ☐ Non-qualify	high appli	ication		D	ate With	ndrawn ,		
	<u></u>	Signature of D	etermining Offic	cial			<del></del>	D	ate:			