#### LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. BONCL R-X School District offers healthy meals every school day. Breakfast costs \$2.00; lunch costs \$2.50. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
  - All children in households receiving benefits from the Food Stamp Program/Supplemental Nutrition Assistance
    Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary
    Assistance/Temporary Assistance for Needy Families (TANF), are eligible for free meals.
  - · Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Children participating in their school's Head Start program are eligible for free meals.
  - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
  - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income
    Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below
    the limits on this chart.

Household Size	<u>Annually</u>	<u>Monthly</u>	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each add'l person add	+9,509	+793	+183

- 2. 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 call or e-mail the school administrator.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: BONCL R-X School, 23526 Pike 9247, Louisiana, MO 63353, 573-754-5412.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact BONCL R-X School, 23526 Pike 9247, Louisiana, MO 63353, 573-754-5412. immediately.
- 5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.
- 6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
- 7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 8. 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.

- 9. 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: BONCL R-X School, 23526 Pike 9247, Louisiana, MO 63353, 573-754-5412.
- 10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
- 12. 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 <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 13. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
- 14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. BONCL R-X School, 23526 Pike 9247, Louisiana, MO 63353, 573-754-5412. to receive a second application.
- 15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call 573-754-5412. Sincerely,

Leslie Lovell

USDA Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

- fax: (833) 256-1665 or (202) 690-7442; or
- 3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 BONCL R-X School at 573-754-5412 your children attend more than one school in BONCL School District. The application must be filled out completely to certify your children for free or reduced price 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

PLEASE USE A PEN (NOT A PENCIL) WHEN FILING 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 age 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 BONCL R-X School, regardless of age

Students attending borner N-A scribor, regardless or age:	i, ickai dicaa di age.		The state of the s
List each child's name. Print each child's	Building name/Grade, If child is Do you have any foster c	hildren? If any children	Are any children home
name. Use one line of the application for	a student, list building name	listed are foster children, mark the "Foster Child" box or runaway? If you bel	or runaway? If you beli
each child. When printing names, write one	and grade.	next to the child's name. If you are ONLY applying for   listed in this section me	listed in this section me
letter in each box. Stop if you run out of		foster children, after finishing STEP 1, go to STEP 4. description, mark the	description, mark the "I
space. If there are more children present		Foster children who live with you may count as	Migrant, Runaway" box
than lines on the application, attach a second		members of your household and should be listed on	child's name and compl
piece of paper with all required information		your application. If you are applying for both foster	of the application.
for the additional children.		and non-foster children, go to step 3.	

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# STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

 Leave listed pro

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e in your household participates in any of the above	e in your household participates in any of the above   If anyone in your household participates in any of the above listed programs:
ograms:	<ul> <li>Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you</li> </ul>
e STEP 2 blank and go to STEP 3.	ve STEP 2 blank and go to STEP 3. participate in one of these programs and do not know your case number, contact: State number 1-855-
	373-4636 — Pike County Family Division, 573-324-2243.
	STATE OF THE STATE AND STATE AND STATE AND STATE OF THE

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

#### How do I report my income?

- has income to report. Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household
- 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
- 0 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

(Information follows on the reverse side.)

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

Mark how often each type of income is received using the check boxes to the right of each field.

### 3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income."

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. Only count foster children's income if you are applying for them together with the rest of your household.

#### 3.B. REPORT INCOME EARNED BY ADULTS

#### Who should I list here?

When filing out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are 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. 0

Report income from public assistance/child support/alimony.

Report all income that applies in the "Public Assistance/Child

Infants, Children and students already listed in STEP 1.

Print the name of each household member not list any household members you listed Household Members (First and Last)." Do income, follow the instructions in STEP 3, List adult household members' names. in STEP 1. If a child listed in STEP 1 has in the boxes marked "Names of Adult

"Pensions/Retirement/ All Other Income" pensions/retirement/all other income. Report all income that applies in the Report income from

Adults)." This number MUST be equal to the number of household Report total household size. Enter the total number of household members listed in STEP 1 and STEP 3. If there are any members of usually the money received from working at Jobs. If you are a selfmembers in the field "Total Household Members (Children and work in the "Earnings from Work" field on the application. This is members, as the size of your household affects your eligibility for What if I am self-employed? Report Income from that work as a net amount. This is calculated by subtracting the total operating Report earnings from work. Report all total gross income from your household that you have not listed on the application, go expenses of your business from its gross receipts or revenue. back and add them. It is very important to list all household employed business or farm owner, you will report your net income.

Provide the last four digits of your Social Security Number. An Security Number. If no adult household members have a Social chart. If income is received from child support or allmony, only cash value of any public assistance benefits NOT listed on the Security Number, leave this space blank and mark the box to Support/Allmony" field on the application. Do not report the eligible to apply for benefits even if you do not have a Social their Social Security Number in the space provided. You are payments should be reported as "other" income in the next adult household member must enter the last four digits of report court ordered payments. Informal but regular the right labeled "Check if no SSN."

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

free and reduced price meals.

field on the application.

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 back of the application. 9247, Louisiana, MO Form to: BONCL R-X School, 23526 Pike Mail Completed that person signs in the box Print the name of the adult signing the application and Print and sign your name and write today's date. "Signature of adult." available. If you have no permanent address; this does not school meals. Sharing a phone number, email address, or both is optional; but helps us reach you quickly if we need make your children ineligible for free or reduced price Provide your contact information. Write your current address in the fields provided if this information is

to contact you.

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about does not affect your children's eligibility for free or reduced your children's race and ethnicity. This field is optional and price school meals.

## 2023-2024 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)

First Name	Approved/Legied.						
Building Name  Building Name  Child's Last Name  Building Name  Child in One or more of the following assistance programs: SNAP, TANE, or FDPIR in then go to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 2 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not complete STEP 3) Cose Number:  Put you answered Yes to STEP 4 (Do not receive income, report of graph and you are coethlying (promishing) that it to show the formal you are coethlying (promishing) that the How other?  Put you are coethlying (promishing) that the How other?  Put you are coethlying (promishing) that the How other?  Put you are coethlying (promishing) that the How other?  Put you are coethlying (promishing) that the How other?  Put you are coethlying (promishing) that the How other?  Put you are you income, report of graph and you will you are coethlying (promishing) that the How other?  Put you are coethlying promishing that the How other?  Put you are coethlying promishing that the How other?  Put you are coethlying promishing that the How other?  Put you are coethlying promishing that the How other?  Put you are coethlying promishing that the How other?  Put you are coethlying promishing that the How other?  Put you are coethlying p		Date			amining Officially Cir	D No (Optional See E40s)	Error Brono Application: 13 V
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Child's First Name  MI Child's Last Name  Building Name  Child's First Name  MI Child's Last Name  Child's First Name  Building Name  Child's First Name  Child's First Name  Building Name  Child's First Name  Building Name  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 4) Case Number:  Complete STEP 4 (Do not complete STEP 4 (Do not complete STEP 4) Case Number:  Complete STEP 4 (Do not complete STEP 4) Case Number:  Complete STEP 4 (Do not complete STEP 4) Case Number:  Complete STEP 4 (Do not complete STEP 4) Case Number:  Compl					•		help you with the Child Income section.
Child's First Name  MI Child's Last Name  Building Name  Child's First Name  MI Child's Last Name  Building Name  Child's First Name  Building Name  Child's First Name  Child's First Name  Building Name  Child's First Name  Child's First Name  Building Name  Child's First Name  Child's First Name  Building Name  Child's First Name  Name  Child's First Na	Pensions/Retirement/	Weekly		Bi-Weekly 2x Month	Earnings from Work	ame of Adult Household Members (First and Last)	
Child's First Name  MI Child's Last Name  Building Name  Child's First Name  MI Child's Last Name  Building Name  Child's First Name  Building Name  Complete Size 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3). Case Number:  Complete Size 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3). Case Number:  Child Income  Child roome  Child roome  Child roome  Weenly Building Name  This couldn't have  Child roome  Weenly Building Name  This could be an income. Please include the TOTAL gross income earned by all children listed in \$  Child roome  Weenly Building Name  This could be an income. Please include the TOTAL gross income earned by all children listed in \$  Child roome  Weenly Building Name  This could roome	ey do receive income, report gross income (before to re certifying (promising) that there is no income to re	lousehold Member listed, if the leave any fields blank, you a	<b>xme</b> . For each H f you enter '0' or	n if they do not receive income from any source, write '0'.	1 (including yourself) evithey do not receive incor	ist all Household Members not listed in STEP ach source in whole dollars (no cents) only. It	the page and review charts titled "Sources income" for more ormation.
Child's First Name  MI Child's Last Name  Building Name  Child's First Name  MI Child's Last Name  Child's Last Name  Building Name  Child's First Name  Building Name	Weekly BI-Weekly 2x Month   Monthly	<b>↔</b>	d by all children	TOTAL gross income earne	ome. Please include the	ometimes children in the household earn in TEP 1 here.	unsure what Include here?
Child's First Name  MI Child's Last Name  Building Name  Child's First Name  Building Name  Child's First Name  Building Name	Howotten;		P2)	ត	's (Skip this siep if yo	ome for ALL Household Membe	
Child's First Name  MI Child's Last Name	SNAP, TANF, or FDPIR? Gircle one: Yes	issistance programs; Case Number:	e following a plete STEP 3)	e in one or more of th n go to STEP 4 ( <u>Do not com</u>	currently participal a case number here the	isehold Members (including you) ate STEP 3. If you answered YES > Write	swere
Child's First Name  MI Child's Last Name  Building Name	Least Table 1						Meals for more information.
Child's First Name         MI         Child's Last Name         Building Name	The state of the s						sligible for free meals. Read How to Apply for Free and Reduced Price School
Child's First Name  MI Child's Last Name  Building Name							and children who meet the definition of Homeless, Migrant or Runaway are
Child's First Name MI Child's Last Name Building Name							even if not related."
Child's First Name MI Child's Last Name	Ciano						Definition of Household  Nember: "Anyone who is  Ving with you and shares
			•		7	Child's First Name	ļ

#### INSTRUCTIONS Sources of Income

Sources of Inco	Sources of Income for Children
Sources of Child Income	Example(s)
- Earnings from work	<ul> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	<ul> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
- Income from any other source	<ul> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

	Sc	Sources of Income for Adults	15
	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
job	- Salary, wages, cash bonuses	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> </ul>	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>
s Social	employment (farm or business)	Supplemental Security Income (SSI)	<ul> <li>Private pensions or disability benefits</li> </ul>
sed, and	If you are in the U.S. Military:	<ul> <li>Cash assistance from State or local government</li> </ul>	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> </ul>
<	- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized	<ul> <li>Alimony payments</li> <li>Child support payments</li> </ul>	- investment income - Earned interest - Rental income
4	<ul> <li>Allowances for off-base housing, food and clothing</li> </ul>	- Strike benefits	- Regular cash payments from outside household

### Children's Racial and Ethnic Identities

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be 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.

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 Use of Information Statement

programs to help them deliver program benefits to your household. share your eligibility information with education, health, and nutrition use information from this application to see who qualifies for free or The Richard B. Russell National School Lunch Act requires that we make sure that program rules are met. Inspectors and law enforcement may also use your information to reduced price meals. We can only approve complete forms. We may

Assistance Program (SNAP) or Temporary Assistance for Needy Families Applications for a foster child do not need to list a Social Security number adult does not have one, 'Check if no Social Security Number'. number of the adult household member who signs the application. If the Please be sure to provide the last four numbers of the Social Security (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do Applications for children in households receiving Supplemental Nutrition

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who not need to list a Social Security number. are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339 means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), information may be made available in languages other than English. Persons with disabilities who require alternative gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including

Discrimination Complaint Form which can be obtained online at: To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program

date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and must contain the complainant's name, address, telephone number, and a written description of the alleged 17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter https://www.usda.gov/sites/default/files/documents/USDA-QASCR%20P-Complaint-Form-0508-0002-508-11-28-

\* MAIL: U.S. Department of Agriculture Washington, D.C. 20250-9410 1400 Independence Avenue, SW Office of the Assistant Secretary for

> 690-7442; or FAX: EMAIL: Program.Intake@usda.gov (833) 256-1665 or (202)

\* Do not mail this address, only of discrimination. applications to

This institution is an equal opportunity provider.

Return completed form to your child's school.

#### **REQUEST FOR INFORMATION**

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your fami	ly have healthcare i	insurance?
Y	'ES	
	NO	
MO HealthNet (Medicaid) is co	onsidered healthca	re insurance.
f NO is checked the school district will praced and the family.		ır Child Need
Completion of this form is not a condition and Reduced Price Meals Family Applicat response to this Request for Information	ion will be reviewe	_ ·
Submit this request with your Free and R Application or return to your school/scho		ol Meals Family
Printed name of parent/guardian:		
Mailing Address:		
City:		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Fitle IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.