ATTACHMENT A

**INCOME ELIGIBILITY GUIDELINES**

(Effective from July 1, 2013 through June 30, 2014)

The income scales below are to be used to determine applicant’s eligibility for free or reduced price meals if the family is at or below the guideline.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Annually | Annually | Monthly | Monthly | Twice a month | Twice a month | Every 2 weeks | Every 2 weeks | Weekly | Weekly |
| Household Size | Free | Reduced | Free | Reduced | Free | Reduced | Free | Reduced | Free | Reduced |
| 1 | $14,937 | $21,257 | $1,245 | $1,772 | $623 | $886 | $575 | $818 | $288 | $409 |
| 2 | $20,163 | $28,694 | $1,681 | $2,392 | $841 | $1,196 | $776 | $1,104 | $388 | $552 |
| 3 | $25,389 | $36,131 | $2,116 | $3,011 | $1,058 | $1,506 | $977 | $1,390 | $489 | $695 |
| 4 | $30,615 | $43,568 | $2,552 | $3,631 | $1,276 | $1,816 | $1,178 | $1,676 | $589 | $838 |
| 5 | $35,841 | $51,005 | $2,987 | $4,251 | $1,494 | $2,126 | $1,379 | $1,962 | $690 | $981 |
| 6 | $41,067 | $58,442 | $3,423 | $4,871 | $1,712 | $2,436 | $1,580 | $2,248 | $790 | $1,124 |
| 7 | $46,293 | $65,879 | $3,858 | $5,490 | $1,929 | $2,745 | $1,781 | $2,534 | $891 | $1,267 |
| 8 | $51,519 | $73,316 | $4,294 | $6,110 | $2,147 | $3,055 | $1,982 | $2,820 | $991 | $1,410 |
| For each additional family member, add | $5,226 | $7,437 | $436 | $620 | $218 | $310 | $201 | $287 | $101 | $144 |

**NOTE TO LOCAL AGENCY OFFICIALS:**

When making a determination, the frequency of the current income is compared to the respective income eligibility guidelines (IEG) scale above. For example, weekly income is compared to the weekly scale above. Use **the following procedures:**

* If a household has only one income source, or if all sources are the same frequency, do not use conversion factors. Compare the income or the sum of the incomes to the published IEG for appropriate frequency and household size to make the eligibility determination.
* If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12.
* ***Do not round the values resulting from each conversion.***
* Add the sources of income together and compare to the scale above.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application.

The agency should verify any questionable applications.

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School year 2013-14

**ATTACHMENT B1**

**PRICING NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

**HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS**

These forms are to be used for programs that do charge for lunches, breakfasts, and /or snacks (pricing programs). Use only the reduced price income scale in the letter for free and reduced price meal applications.

LEAs must use household applications rather than gathering applications from individual children or by school/attendance center.

Approvals for the National School Lunch and School Breakfast Programs school year 12-13 are to be used for 30 operating days in the next school year or until direct certification or a new application is submitted and approved, whichever comes first. New applications for the school year 13-14 must be gathered unless this is a special provision school. CACFP applications are good for one year from the date the parent signed the application. Contact the CANS office as questions about this process arise.

Letters and applications are available from US Department of Agriculture in several languages at <http://www.fns.usda.gov/cnd/Application/translatedapps.html>. Contact Child & Adult Nutrition Services for information.

Some changes to the application the school/center may make without advance approval are:

* Remove document title “Prototype Letter to Households - Pricing Programs” and the page number.
* Add in local agency name and/or letterhead.
* Add in the school’s/center's meal prices.
* List different reduced prices only if the amounts are less than the listed prices. The maximum reduced prices by law are 40 cents for lunch, 30 cents for breakfast, and 15 cents for snack.
* Indicate adult meal price if you so choose.
* Add in the contact person for questions/fair hearing.
* Remove the italicized words such as name, phone number, address, and signature when you put information in those blanks.
* Add meal times or other information about the program.
* Delete references to breakfast or snack if these meals are not offered.
* Change the notification section to specify how the household will be notified. Remember that the school must always send written denial letters (See Attachment C in final attachment list).
* Add a separate cover letter explaining the school’s/center's prices, times, charging policies, etc.
* Remove foreign language instructions at the end of the letter.
* Add homeless and migrant coordinator name and phone number on part 3 of application for meal benefits.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed. In order to speed up the process, you can email the application and letter to a CANS staff member for review and approval.

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*Prototype Letter to Households – Pricing Programs*

*Put on agency letterhead if desired*

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Dear Parent/Guardian:

The *(insert school/center)* offers healthy meals every day that it is open as part of our participation in the U.S. Department of Agriculture’s (USDA) Child Nutrition Programs. USDA provides reimbursement for healthy meals and snacks served to children. Breakfast costs $*(insert price)*; lunch costs $*(insert price)* and afterschool snacks cost $*(insert price)*. Children may qualify for free meals or for reduced price meals. Reduced price is $.30 for breakfast, $.40 for lunch, and $.15 for snack. If the children are eligible for free or reduced price lunch, they are also eligible for free or reduced price breakfast.

**Turn in letters or applications to: *(Insert Name of School/Center, address, phone number).***

**1. Who can get free meals without providing income information?**

* Schoolchildren from households getting Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) can get free meals without applying. Schools will be directly notified of eligible students from families on SNAP or TANF by mid-September. If you were certified as eligible for SNAP or TANF after school got out in the spring, complete an application with your case number (see #2). Contact the school if you do not get a letter by September 30, or fill out an application. Direct certification does not apply to the Child & Adult Care Food Program.
* Children in households getting assistance through the Food Distribution Program on Indian Reservations (FDPIR) can get free meals. If you received an Interagency Notification from the commodity warehouse that includes schoolchildren, turn that in to the school instead of filling out an application. You can write the names of other children from your household on that letter and they will get free meals, too. If you did not receive an FDPIR Notice of Action, you can ask for one from the certifier.
* Foster children (see #9 below.) and children enrolled in Head Start are eligible for free meals.
* Homeless, runaway, and migrant children usually are eligible for free meals. Please call the school's homeless/runaway liaison or migrant coordinator to see if your child (ren) qualifies, if you have not been told already that they will get free meals.

*2*. **Who needs to fill out an application to get free or reduced price meals?**

* If you receive benefits but do not have your notice from the school or FDPIR, fill out an application and write your FDPIR, SNAP, or TANF case number on it. Turn that into the school/center.
* If your household income is within the limits on the Income Guidelines Chart with this application, fill out an application.
* Children in households who get WIC or Medicaid may be eligible for free or reduced price meals. Please fill out an application and list family members and income.

**3. Do I need to fill out an application for each of my children?** No**.** Complete and submit one application for all children from your household. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

**4. 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 Income Guidelines Chart, shown on this application.

**5. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits.

**6. Who should I include as members of my household?** You must include everyone in your household who shares income and expenses. This includes grandparents, other relatives, or friends who live with you. You must include yourself and all children who live with you. You also may include foster children who live with you.

**7. What should I report as income?** The income you report must be the total gross income listed by source for each household member received last month. If last month’s income does not accurately reflect your circumstances, you may provide an estimate of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this projection. List the amount that is usually listed on your paystubs and how often you get the paycheck. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it. If you only get overtime sometimes, do not include it.

**8.** **What if my income changes during the year or my SNAP, TANF, or FDPIR benefits change**? If your application for free or reduced price benefits was properly approved, you will remain eligible for those benefits for an allotted time period. You may visit with a school/center official to get the exact date the benefits will expire.

**9. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the application, but are not required to include payments received for care of the foster child as income. Households wishing to apply for meal benefits for foster children should contact ***(insert name, address, and phone number).***

**10. We are in the military.**

* **Do we include our housing, food, or clothing allowances and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, concerning deployed service members, only that portion of a deployed service member’s income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
* **My spouse is deployed to a combat zone. Is the combat pay counted as income?** No, if the combat pay is received in addition to the basic pay because of deployment and it was not received before deployment, combat pay is not counted as income. Contact your school for more information.

**11. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

**12. Will the information I give be checked?** Maybe. We may ask you to send written proof to verify the information you submitted on the form.

**13. What if I do not agree with the school's or center's decision about my application?** You should talk to school/center officials by calling *\_ (insert name & phone # of application determining official) \_\_\_\_\_\_\_\_\_\_\_\_\_.* You may also ask for a hearing by calling or writing to: name *\_ (insert name of hearing official) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,* address \_*\_ (insert address of hearing official) \_\_\_\_,* and phone number *\_\_\_\_ (insert phone number of hearing official) \_\_\_\_\_.*

**14. If I do not qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting SNAP, FDPIR, or TANF. If you are temporarily laid off or temporarily disabled so you cannot work, children may be able to get free or reduced price meals during that time.

**15. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.

**16. My family needs more help**. **Are there other programs we might apply for?** Contact the local assistance office to find out how to apply for SNAP or other assistance benefits.

**Nondiscrimination 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 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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) 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 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.

As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

If you have other questions or need help, call ***(insert phone number).***

*Si necesita ayuda, por favor llame al teléfono:* ***(insert phone number).***

*Si vous voudriez d'aide, contactez nous au numero:* ***(insert phone number).***

Sincerely,

***(Insert signature)***

INCOME GUIDELINES Effective July 1, 2013 – June 30, 2014

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart. | Annually | Monthly | Twice a month | Every 2 weeks | Weekly |
| Household Size |  |  |  |  |  |
| 1 | $21,257 | $1,772 | $886 | $818 | $409 |
| 2 | $28,694 | $2,392 | $1,196 | $1,104 | $552 |
| 3 | $36,131 | $3,011 | $1,506 | $1,390 | $695 |
| 4 | $43,568 | $3,631 | $1,816 | $1,676 | $838 |
| 5 | $51,005 | $4,251 | $2,126 | $1,962 | $981 |
| 6 | $58,442 | $4,871 | $2,436 | $2,248 | $1,124 |
| 7 | $65,879 | $5,490 | $2,745 | $2,534 | $1,267 |
| 8 | $73,316 | $6,110 | $3,055 | $2,820 | $1,410 |
| For each extra member, add | $7,437 | $620 | $310 | $287 | $144 |

Look at the Income Guidelines chart.

* Find your household size. HOUSEHOLD is: All persons, including parents, guardians, children (including foster children and exchange students), college students, grandparents, and all people related or unrelated who live in your home and share living expenses.
* Find your household income frequency. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. If your income is at or below the income listed, you should apply for meal benefits.

Foster children are eligible for free meals regardless of your income. If you have foster children living with you, look at Part 1 on the application. If you have more questions about applying for them, please contact us.

**TO FIGURE MONTHLY INCOME FOR FARM/SELF-EMPLOYED**: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Write it on the application in the earnings column as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

|  |  |  |
| --- | --- | --- |
| Proprietorship IncomeLine 12 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Farm IncomeLine 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 17 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 18 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Partnership IncomeLine 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 17 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### **INCOME TO REPORT**

|  |  |  |
| --- | --- | --- |
| Earnings from Work Wages/salaries/tips  Strike benefits  Unemployment compensation  Worker’s compensation  Net income from self-owned business,  day care business or farm  Welfare/Child Support/Alimony  Public assistance payments  Alimony/child support payments | Other Monthly Income/Self-employment Disability benefits Cash withdrawn from savings  Interest/dividends  Income from estates/trusts/investments  Regular contributions from persons not living in the same household  Net royalties/annuities/net rental income  Any other income | Pensions/Retirement/Social Security  Pensions  Supplemental Security Income  Veteran’s payments  Social Security  Children’s Income  Do not include income from a child’s occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child’s income from regularly scheduled jobs must be included. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR FREE AND REDUCED PRICE MEALS** | | | | | | | | | | | | | | | | | | | | | | | | | | 2013-14 | | | | | | | | | | | New Applicant | | | | | | |
| (See next page for complete instructions.) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Previous Applicant | | | | | | |
| To apply for free or reduced price meals, fill out this application and sign your name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 1.** | | | | | | **Children’s Names** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Name** | | | | | |  | | | **School or Center** | | | |  | **Foster** | | | |  | **Age** | | |  | | **Child’s Name** | | | | | | | |  | | **School or Center** | | | | |  | **Foster** | |  | **Age** |
| 1. |  | | | | |  | | |  | | | |  |  | | | |  |  | | |  | | 4. | | |  | | | | |  | |  | | | | |  |  | |  |  |
| 2. |  | | | | |  | | |  | | | |  |  | | | |  |  | | |  | | 5. | | |  | | | | |  | |  | | | | |  |  | |  |  |
| 3. |  | | | | |  | | |  | | | |  |  | | | |  |  | | |  | | 6. | | |  | | | | |  | |  | | | | |  |  | |  |  |
| **Part 2.** Households receiving SNAP, TANF, or FDPIR: If any member of your household is NOW receiving SNAP, TANF, or FDPIR but you did not receive a notice of direct certification from the school, list the CASE NUMBER. Fill out Sections 1, 2, and 5. The application MUST have the signature of an adult. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SNAP Case Number: | | | | | | |  | | | | | | | | TANF Case Number: | | | | | | | | | |  | | | | | | | FDPIR Case Number: | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 3. Is this child a migrant, homeless, or runaway?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child you are applying for is homeless, migrant, or a runaway check the appropriate box: Homeless  Migrant  Runaway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 4. Total Household Income– You must tell us how much and how often** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Name**  (List **everyone** in household) | | | | | | | | **B. Check if NO income** | | | **C. Income – list how much you get each pay day and how often you get paid**  Example: $100/month or $100/twice a month or $100/ every other week or $100/weekly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
|  | | | | | | | |  | | | **Earnings from work before deductions** | | | | | | | | | **Welfare, child support, alimony** | | | | | | | | | **Pensions, retirement, Social Security** | | | | | | | **Farm/Other** | | | | | | | |
| *Example: Jane Smith* | | | | | | | | **⬜** | | | *$ 199.99 /weekly* | | | | | | | | | *$  149.99 /every other wk* | | | | | | | | | *$       99.99/monthly* | | | | | | | *$      50.00 /monthly* | | | | | | | |
|  | | | | | | | | **⬜** | | | $       / | | | | | | | | | $       / | | | | | | | | | $       / | | | | | | | $      / | | | | | | | |
|  | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | | $      / | | | | | | | |
|  | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | | $      / | | | | | | | |
|  | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | | $      / | | | | | | | |
|  | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | | $      / | | | | | | | |
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|  | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | | $      / | | | | | | | |
|  | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | | $      / | | | | | | | |
| **Part 5. Signature and Social Security Number (Adult must sign)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list only the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I certify (promise) that all information on this application is true and that all income is reported. I understand that the school/center will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign here: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Last 4 digits of Social Security Number: | | | | | | | | | | | | \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ | | | | | | | | | | | | | | I do not have a Social Security Number | | | | | | | | | | | | | | | | | |
| Printed Name: | | | |  | | | | | | | | | | | | Home Phone: | | | | | | |  | | | | | | | | | | Work Phone: | | | |  | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | Email Address: | | | |  | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | State: | | | | |  | | | | | | | Zip Code: | | |  | | | | | | |  | | |  | | |
| **Part 6. Participant’s ethnic and racial identities (optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark one ethnic identity: | | | | | | | | | | Mark one or more racial identities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ Hispanic or Latino  ❑ Not Hispanic or Latino | | | | | | | | | | * Asian ❑ American Indian or Alaska Native ❑ White * Native Hawaiian or Other Pacific Islander ❑Black or African American | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR SCHOOL/CENTER USE ONLY** | | | | | | | | | | | |
| Total income & how often: | | | SNAP / FDPIR / TANF or other eligible program household categorically eligible free:  Yes  No | | | | | | | | |
| /\_\_\_\_\_\_\_\_\_\_\_\_ | | | Number of foster children eligible free | | \_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| Household size: | | | Eligibility classification: | Free Rate | Reduced Price Rate | | | | Paid Rate | | |
|  | | |
|  |  | | Date notification sent: |  | | Date withdrawn or transferred: | | | |  |  |
|  | Signature of Determining Official: |  | | | | | Date: |  | | |  |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |

**INSTRUCTIONS FOR APPLYING**

|  |
| --- |
| If your household gets SNAP or TANF, you should get a letter in September from the school telling you that your children get free meals. If you are newly certified or if you do not get a letter from school or a Notice of Action from FDPIR, follow these instructions:  Part 1: List each child’s name, school/center, age, and/or grade, and put a checkmark in the foster column if any of the children are foster children.  Part 2: List the SNAP, FDPIR, and/or TANF case number.  Part 3: Skip this part.  Part 4: Skip this part.  Part 5: Sign the form. A Social Security Number is not necessary. |
| **If you are applying at a school for a child who is homeless, migrant, or a runaway check the appropriate box in Part 3.** |
| ALL OTHER HOUSEHOLDS follow these instructions:  Part 1: List each child’s name, school/center, age, and put a checkmark in the foster column if any of the children are foster children.  Part 2: Skip this part.  Part 3: Skip this part.  Part 4: Follow these instructions to report total household income from last month.  **Column A – Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student’s income must also be included. Attach another sheet of paper if you need to.  **Column B–Check if no income:** If the person, including children, does not have any income, check the box.  **Column C–List income and how often it was received:** List the types of income each person in your household gets, how much the person gets each payday, and how often the person gets paid  *Example: $200/monthly or $92.30/twice a month or $100/every other week $46.15/weekly*   * *Employment income:* List the **gross income** each person earned. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). * *Welfare, Child Support, Alimony -* Include welfare, child support, alimony you receive. * *Pensions Retirement, Social Security*: Include these as well as Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, * *Farm/Other Income:* Include regular contributions from people who do not live in your household and **all other sources** not previously covered. For farm income, see the worksheet on the back of the application. Next to the amount, write how often the person got it.   Part 5: An adult household member must sign the form and list only the last four digits of his or her Social Security Number, or mark the box if he or she does not have a Social Security Number.  Part 6: **Participant’s ethnic and racial identities.** This section is optional. If you leave it blank, the application will be processed without the information. Filling this out or leaving it blank does not affect the child’s eligibility. If you leave this blank, a visual identification of each child’s race and ethnicity will be made and recorded in the data system. |

**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 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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) 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 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.

As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

**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 the participant 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 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 for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

School year 2013-14

**ATTACHMENT B2**

**NON-PRICING NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

**HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS**

The following pages are to be used for programs that do not charge for lunches and/or breakfasts. Only the reduced income scale may be used in the letter for meal benefit applications.

**NOTE** that income eligibility guidelines changed for the 13-14 school year. Any approvals for the National School Lunch and School Breakfast Programs school year 12-13 are to be used for 30 operating days in the next school year or until direct certification or a new application is in and approved, whichever comes first. New applications for the school year 13-14 must be gathered unless this is a special provision school. CACFP applications are good for one year from the date the parent signed the application. Contact the CANS office as questions about this process arise.

Letters and applications are available from US Department of Agriculture in several languages at <http://www.fns.usda.gov/cnd/Application/translatedapps.html> . Contact Child & Adult Nutrition Services for information.

Some changes to the application the school/center may make without advance approval are:

* Remove document title “Prototype Letter to Households – Non-Pricing Programs …” and page number.
* Add in local agency name and/or letterhead.
* Remove the italicized words such as name, phone number, address, and signature when you put information in those blanks.
* Add meal times or other information about the program.
* Delete references to breakfast and snack if these meals are not offered.
* Add a separate cover letter explaining the school’s/center's times, policies, etc.
* Indicate adult meal price if you so choose.
* Add homeless and migrant coordinator name and phone number on part 3 of application for meal benefits.
* Remove foreign language instructions at the end of the letter.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed. In order to speed up the process, you can email the application and letter to a CANS staff member for review and approval.

Page intentionally left blank

*Prototype Letter to Households – Non-Pricing Programs*

*Insert Agency Letterhead if desired*

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Dear Parent/Guardian:

*The (insert school/center)* offers healthy meals to all enrolled children at no additional cost as part of our participation in the U.S. Department of Agriculture’s (USDA) Child Nutrition Programs. USDA provides reimbursements for healthy meals and snacks served to children enrolled in the school/center. Please help us comply with the requirements of the Program by completing the attached Application for Free/Reduced Price Meals. By filling out this form, we will be able to determine if we can claim meals served to your child (ren) at the free or reduced price rate.

**Turn in letters or applications to: *(Insert Name of School/Center, address, phone number*).**

**1. Who is eligible for free meals without providing income information?**

* Schoolchildren from households getting Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) can get free meals without applying. Schools will be directly notified of eligible students from families on SNAP or TANF by mid-September. If you were certified as eligible for SNAP or TANF after school got out in the spring, complete an application with your case number (see #2). Contact the school if you do not get a letter by September 30, or fill out an application. Direct certification does not apply to the Child & Adult Care Food Program.
* Children in households getting assistance through the Food Distribution Program on Indian Reservations (FDPIR) can get free meals. If you received an Interagency Notification from the commodity warehouse for schoolchildren, turn that into the school instead of filling out an application. You can write the names of other children from your household on that letter and the school/center can claim them as free meals, too. If you did not receive an FDPIR Notice of Action, you can ask for one from the certifier.
* Foster children (see #9 below) and children enrolled in Head Start are eligible for free meals.
* Homeless, runaway, and migrant children usually are eligible for free meals. Please call the school's homeless/runaway liaison or migrant coordinator to see if your child (ren) qualifies if you have not been told already that they will get free meals.

*2*. **Who needs to fill out an application?**

* If you receive benefits but do not have your notice from the school or FDPIR, fill out an application and write your FDPIR, SNAP, or TANF case number on it. Turn that into the school/center.
* If your household income is within the limits on the Income Guidelines with this application, fill out an application.
* Children in households who get WIC or Medicaid may be eligible for free or reduced price meals. Please fill out an application and list family members and income.

**3. Do I need to fill out an application for each of my children?** No**.** Complete and submit one application for all children from your household. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

**4 May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits.

**5. Who should I include as members of my household?** You must include everyone in your household who shares income and expenses. This includes grandparents, other relatives, or friends who live in your household. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. What should I report as income?** The income you report must be the total gross income listed by source for each household member received last month. If last month’s income does not accurately reflect your circumstances, you may provide an estimate of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this projection. List the amount that is usually listed on your paystubs and how often you get the paycheck. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**7. What if my income changes during the year or my SNAP, TANF, or FDPIR benefits change**? If your application for free or reduced price benefits was properly approved, you will remain eligible for those benefits for an allotted time period. You may visit with a school/center official to get the exact date the benefits will expire.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the application, but are not required to include payments received for care of the foster child as income. Households wishing to apply for meal benefits for foster children should contact ***(insert name, address, and phone number).***

**9. We are in the military.**

* **Do we include our housing, food, or clothing allowances and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, concerning deployed service members, only that portion of a deployed service member’s income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
* **My spouse is deployed to a combat zone. Is the combat pay counted as income?** No. If the combat pay is received in addition to the basic pay because of deployment and it was not received before deployment, combat pay is not counted as income. Contact your school for more information.

**10. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if the school/agency would be eligible to receive additional meal benefits for your children. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

**11. Will the information I give be checked?** Maybe. We may ask you to send written proof to verify the information you submitted on the form.

**12. If I do not qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting SNAP, FDPIR, or TANF. If you are temporarily laid off or temporarily disabled so you cannot work, children may be able to get free or reduced price meals during that time.

**13. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.

**14. My family needs more help**. **Are there other programs we might apply for?** Contact the local assistance office to find out how to apply for SNAP or other assistance benefits.

**Nondiscrimination 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 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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) 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 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).

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As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

If you have other questions or need help, call ***(insert phone number).***

*Si necesita ayuda, por favor llame al teléfono:* ***(insert phone number).***

*Si vous voudriez d'aide, contactez nous au numero:* ***(insert phone number*).**

Sincerely,

***(Insert signature)***

INCOME GUIDELINES

Effective July 1, 2013 – June 30, 2014

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart. | Annually | Monthly | Twice a month | Every 2 weeks | Weekly |
| Household Size |  |  |  |  |  |
| 1 | $21,257 | $1,772 | $886 | $818 | $409 |
| 2 | $28,694 | $2,392 | $1,196 | $1,104 | $552 |
| 3 | $36,131 | $3,011 | $1,506 | $1,390 | $695 |
| 4 | $43,568 | $3,631 | $1,816 | $1,676 | $838 |
| 5 | $51,005 | $4,251 | $2,126 | $1,962 | $981 |
| 6 | $58,442 | $4,871 | $2,436 | $2,248 | $1,124 |
| 7 | $65,879 | $5,490 | $2,745 | $2,534 | $1,267 |
| 8 | $73,316 | $6,110 | $3,055 | $2,820 | $1,410 |
| For each extra member, add | $7,437 | $620 | $310 | $287 | $144 |

Look at the Income Guidelines chart.

* Find your household size. HOUSEHOLD is: All persons, including parents, guardians, children (including foster children and exchange students), college students, grandparents, and all people related or unrelated who live in your home and share living expenses.
* Find your household income frequency. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. If your income is at or below the income listed, you should apply for meal benefits.

Foster children are eligible for free meals regardless of your income. If you have foster children living with you, look at Part 1 on the application. If you have more questions about applying for them, please contact us.

**To figure monthly income for farm/self-employed**: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Write it on the application in the earnings column as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

|  |  |  |
| --- | --- | --- |
| Proprietorship IncomeLine 12 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Farm IncomeLine 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 17 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 18 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Partnership IncomeLine 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 17 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### **INCOME TO REPORT**

|  |  |  |
| --- | --- | --- |
| Earnings from Work Wages/salaries/tips  Strike benefits  Unemployment compensation  Worker’s compensation  Net income from self-owned business,  day care business or farm  Welfare/Child Support/Alimony  Public assistance payments  Alimony/child support payments | Other Monthly Income/Self-employment Disability benefits Cash withdrawn from savings  Interest/dividends  Income from estates/trusts/investments  Regular contributions from persons not living in the same household  Net royalties/annuities/net rental income  Any other income | Pensions/Retirement/Social Security  Pensions  Supplemental Security Income  Veteran’s payments  Social Security  Children’s Income  Do not include income from a child’s occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child’s income from regularly scheduled jobs must be included. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR FREE AND REDUCED PRICE MEALS** | | | | | | | | | | | | | | | | | | | | | | | | | | | 2013-14 | | | | | | | | | | | New Applicant | | | | | | |
| (See next page for complete instructions.) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Previous Applicant | | | | | | |
| To apply for free or reduced price meals, fill out this application and sign your name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 1.** | | | | | | | **Children’s Names** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Name** | | | | | | |  | | | **School or Center** | | | |  | **Foster** | | | |  | **Age** | | |  | | **Child’s Name** | | | | | | | |  | | **School or Center** | | | | |  | **Foster** | |  | **Age** |
| 1. | |  | | | | |  | | |  | | | |  |  | | | |  |  | | |  | | 4. | | |  | | | | |  | |  | | | | |  |  | |  |  |
| 2. | |  | | | | |  | | |  | | | |  |  | | | |  |  | | |  | | 5. | | |  | | | | |  | |  | | | | |  |  | |  |  |
| 3. | |  | | | | |  | | |  | | | |  |  | | | |  |  | | |  | | 6. | | |  | | | | |  | |  | | | | |  |  | |  |  |
| **Part 2.** Households receiving SNAP, TANF, or FDPIR: If any member of your household is NOW receiving SNAP, TANF, or FDPIR but you did not receive a notice of direct certification from the school, list the CASE NUMBER. Fill out Sections 1, 2, and 5. The application MUST have the signature of an adult. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SNAP Case Number: | | | | | | | |  | | | | | | | | TANF Case Number: | | | | | | | | | |  | | | | | | | FDPIR Case Number: | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 3. Is this child a migrant, homeless, or runaway?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child you are applying for is homeless, migrant, or a runaway check the appropriate box: Homeless  Migrant  Runaway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 4. Total Household Income– You must tell us how much and how often** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Name**  (List **everyone** in household) | | | | | | | | | **B. Check if NO income** | | | **C. Income – list how much you get each pay day and how often you get paid**  Example: $100/month or $100/twice a month or $100/ every other week or $100/weekly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
|  | | | | | | | | |  | | | **Earnings from work before deductions** | | | | | | | | | **Welfare, child support, alimony** | | | | | | | | | **Pensions, retirement, Social Security** | | | | | | **Farm/Other** | | | | | | | | |
| *Example: Jane Smith* | | | | | | | | | **⬜** | | | *$ 199.99 /weekly* | | | | | | | | | *$  149.99 /every other wk* | | | | | | | | | *$       99.99/monthly* | | | | | | *$      50.00 /monthly* | | | | | | | | |
|  | | | | | | | | | **⬜** | | | $       / | | | | | | | | | $       / | | | | | | | | | $       / | | | | | | $      / | | | | | | | | |
|  | | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | $      / | | | | | | | | |
|  | | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | $      / | | | | | | | | |
|  | | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | $      / | | | | | | | | |
|  | | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | $      / | | | | | | | | |
|  | | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | $      / | | | | | | | | |
|  | | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | $      / | | | | | | | | |
|  | | | | | | | | | **⬜** | | | $      / | | | | | | | | | $      / | | | | | | | | | $      / | | | | | | $      / | | | | | | | | |
| **Part 5. Signature and Social Security Number (Adult must sign)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list only the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I certify (promise) that all information on this application is true and that all income is reported. I understand that the school/center will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign here: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Last 4 digits of Social Security Number: | | | | | | | | | | | | | \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ | | | | | | | | | | | | | | I do not have a Social Security Number | | | | | | | | | | | | | | | | | |
| Printed Name: | | | | |  | | | | | | | | | | | | Home Phone: | | | | | | |  | | | | | | | | | | Work Phone: | | | |  | | | | | | |
| Mailing Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | Email Address: | | | |  | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | | | | | | | State: | | | | |  | | | | | | | Zip Code: | | |  | | | | | | |  | | |  | | |
| **Part 6. Participant’s ethnic and racial identities (optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark one ethnic identity: | | | | | | | | | | Mark one or more racial identities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ Hispanic or Latino  ❑ Not Hispanic or Latino | | | | | | | | | | * Asian ❑ American Indian or Alaska Native ❑ White * Native Hawaiian or Other Pacific Islander ❑Black or African American | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR SCHOOL/CENTER USE ONLY** | | | | | | | | | | | | |
| Total income & how often: | | | SNAP / FDPIR / TANF or other eligible program household categorically eligible free:  Yes  No | | | | | | | | | |
| /\_\_\_\_     \_\_\_\_\_ | | | Number of foster children eligible free | | \_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
| Household size: | | | Eligibility classification: | Free Rate | Reduced Price Rate | | | | Paid Rate | | | |
|  | | |
|  |  | | Date notification sent: |  | | Date withdrawn or transferred: | | | |  |  | |
|  | Signature of Determining Official: |  | | | | | Date: |  | | |  | |
|  | | | | | | | | | | | | |

**INSTRUCTIONS FOR APPLYING**

|  |
| --- |
| If your household gets SNAP OR TANF, you should get a letter in September from the school telling you that your children get free meals. If you are newly certified or if you do not get a letter from school or a Notice of Action from FDPIR, follow these instructions:  Part 1: List each child’s name, school/center, age, and/or grade, and mark “Y” if any of the children are foster children.  Part 2: List the SNAP, FDPIR, and/or TANF case number.  Part 3: Skip this part.  Part 4: Skip this part.  Part 5: Sign the form. A Social Security Number is not necessary. |
| **If you are applying for a child who is homeless, migrant, or a runaway check the appropriate box in Part 3 and call your school’s homeless contact, or migrant coordinator.** |
| ALL OTHER HOUSEHOLDS follow these instructions:  Part 1: List each child’s name, school/center, age, and mark “Y” if any of the children are foster children.  Part 2: Skip this part.  Part 3: Skip this part.  Part 4: Follow these instructions to report total household income from last month.  **Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student’s income must also be included. Attach another sheet of paper if you need to.  **Column B–Check if no income:** If the person, including children, does not have any income, check the box.  **Column C–List income and how often it was received:** List the types of income your household gets, how much you get each payday, and how often you are paid.  *Example: $200/monthly or $92.30/twice a month or $100/every other week $46.15/weekly*   * *Employment income:* List the **gross income** each person earned. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). * *Welfare, Child Support, Alimony -* Include welfare, child support, alimony you receive. * *Pensions Retirement, Social Security*: Include these as well as Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, * *Farm/Other Income:* Include regular contributions from people who do not live in your household and **all other sources** not previously covered. For farm income, see the worksheet on the back of the application. Next to the amount, write how often the person got it.   Part 5: An adult household member must sign the form and list only the last four digits of his or her Social Security Number, or mark the box if he or she does not have a Social Security Number.  Part 6: **Participant’s ethnic and racial identities.** This section is optional. If you leave it blank, the application will be processed without the information. Filling this out or leaving it blank does not affect the child’s eligibility. If you leave this blank, a visual identification of each child’s race and ethnicity will be made and recorded in the data system. |

**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 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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) 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 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.

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**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 the participant 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 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 for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

School year 2013-14

**ATTACHMENT B3**

**PRICING SPECIAL MILK PROGRAM**

**HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS**

The following pages are only for the Special Milk Programs for split-session kindergarten or for schools/agencies with no meals and which accept applications for free milk. If the LEA does not charge for the milk or charges all children the same amount for milk, it is not necessary to obtain applications for free milk. Only the free income scale may be used in the letter for milk applications.

LEAs must use household applications rather than gathering applications from individual children or by school/attendance center.

**NOTE** that income eligibility guidelines changed for the 13-14 school year. Any approvals for school year 12-13 are to be used for 30 operating days in the next school year or until direct certification or a new application is in and approved, whichever comes first. New applications for the school year 13-14 must be gathered Contact the CANS office as questions about this process arise.

Letters and applications are available from US Department of Agriculture in several languages at <http://www.fns.usda.gov/cnd/Application/translatedapps.html>. Contact Child & Adult Nutrition Services for information.

Some changes to the application the school/center can make without advance approval are:

* Remove document title “Prototype Letter to Households - Pricing Special Milk Program” and page number.
* Add in local agency name and/or letterhead.
* Add in the school’s/center's milk prices.
* Add in the contact for questions/fair hearing.
* Remove the italicized words such as name, phone number, address, and signature when you put information in those blanks.
* Add milk times or other information about the program.
* Change the notification section to specify how the household will be notified. Remember that denials must always be sent in writing (See Attachment C).
* Add a separate cover letter explaining the school’s/center's prices, times, charging policies, etc.
* Add homeless and migrant coordinator name and phone number on part 3 of application for free milk.
* Remove foreign language instructions at the end of the letter.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed. In order to speed up the process, you can email the application and letter to a CANS staff member for review and approval.

Page intentionally left blank

*Prototype Letter to Households – Pricing Special Milk Programs*

*Insert Agency Letterhead if desired*

= = = = =

Dear Parent/Guardian:

The (insert school/center) offers milk every day that it is open as part of our participation in the U.S. Department of Agriculture’s (USDA) Child Nutrition Programs. USDA provides reimbursement for milk served to children. The milk costs $ (insert price). Children may be eligible for free milk.

**Turn in letters or applications to: *(Insert Name of School/Center, address, phone number*).**

**1. Who can get free milk without providing income information?**

* Schoolchildren from households getting Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) can get free milk without applying. Schools will be directly notified of eligible students from families on SNAP or TANF in mid-September. If you were certified as eligible for SNAP or TANF after school got out in the spring, complete an application with your case number (see #2). Contact the school if you do not get a letter by September 30, or fill out an application. Direct certification does not apply to the Child & Adult Care Food Program.
* Children in households getting assistance through the Food Distribution Program on Indian Reservations (FDPIR) can get free milk. If you received an Interagency Notification from the commodity warehouse for school children, turn that into the school instead of filling out an application. You can write the names of other children from your household on that letter and they will get free milk, too. If you did not receive an FDPIR Notice of Action, you can ask for one from the certifier.
* Foster children (see #9 below.) and children enrolled in Head Start are eligible for free milk.

*2*. **Who needs to fill out an application to get free milk?**

* If you do not have your notice from the school or FDPIR, fill out an application and write your case number on it. Turn that into the school/center.
* If your household income is within the limits on the Income Guidelines Chart with this application, fill out an application.
* Children in households who get WIC or Medicaid may be eligible for milk. Please fill out an application and list your income and family members.

**3. Do I need to fill out an application for each of my children?** Complete and submit one application for all children from your household. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. What should I report as income?** The income you report must be the total gross income listed by source for each household member received last month. If last month’s income does not accurately reflect your circumstances, you may provide an estimate of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this estimate. List the amount that is usually listed on your paystubs and how often you get the paycheck. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**7. What if my income changes during the year or my SNAP, TANF, or FDPIR benefits change?** If your application for free or reduced price benefits was properly approved, you will remain eligible for those benefits for an allotted time period. You may visit with a school/center official to get the exact date the benefits will expire.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free milk. Any foster child in the household is eligible for free milk regardless of income. Households may include foster children on the application, but are not required to include payments received for care of the foster child as income. Households wishing to apply for milk benefits for foster children should contact ***(insert name, address, and phone number)*.**

**9. We are in the military.**

* **Do we include our housing, food, or clothing allowances and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, concerning deployed service members, only that portion of a deployed service member’s income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
* **My spouse is deployed to a combat zone. Is the combat pay counted as income?** No, if the combat pay is received in addition to the basic pay because of deployment and it was not received before deployment, combat pay is not counted as income. Contact your school for more information.

**10. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your children should get free milk. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

**11. Will the information I give be checked?** Maybe. We may ask you to send written proof to verify the information you submitted on the form.

**12. What if I do not agree with the school/center's decision about my application?** You should talk to school/center officials by calling *\_ (insert name & phone # of application determining official) \_\_\_\_\_\_\_\_\_\_\_\_\_.* You may also ask for a hearing by calling or writing to: name *\_ (insert name of hearing official) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,* address *\_\_ (insert address of hearing official) \_\_\_*\_\_\_\_\_\_\_, and phone number *\_\_\_\_ (insert phone number of hearing official*) \_\_\_\_\_.

**13. If I do not qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting SNAP, FDPIR, or TANF. If you are temporarily laid off or temporarily disabled so you cannot work, children may be able to get free milk during that time.

**14. What if my child cannot drink regular milk?** The school/center will make substitutions to the regular milk for children whose disability restricts their diet when a physician certifies that disability. If the parent requests, the staff may choose to make substitutions for individual children who do not have a disability, but who cannot drink regular milk due to medical or other special dietary needs that are supported by a certified medical authority. These requests will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special milk.

**15. My family needs more help**. **Are there other programs we might apply for?** Contact the local assistance office to find out how to apply for SNAP or other assistance benefits.

**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 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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) 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 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.

As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

If you have other questions or need help, call ***(insert******phone number).***

*Si necesita ayuda, por favor llame al teléfono:* ***(insert******phone number).***

*Si vous voudriez d'aide, contactez nous au numero:* ***(insert******phone number).***

Sincerely,

***(Insert******signature)***

INCOME GUIDELINES

Effective July 1, 2013 – June 30, 2014

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants may qualify for free milk if your household income is at or below the limits on this chart. | Annually | Monthly | Twice a month | Every 2 weeks | Weekly |
| Household Size |  |  |  |  |  |
| 1 | $14,937 | $1,245 | $623 | $575 | $288 |
| 2 | $20,163 | $1,681 | $841 | $776 | $388 |
| 3 | $25,389 | $2,116 | $1,058 | $977 | $489 |
| 4 | $30,615 | $2,552 | $1,276 | $1,178 | $589 |
| 5 | $35,841 | $2,987 | $1,494 | $1,379 | $690 |
| 6 | $41,067 | $3,423 | $1,712 | $1,580 | $790 |
| 7 | $46,293 | $3,858 | $1,929 | $1,781 | $891 |
| 8 | $51,519 | $4,294 | $2,147 | $1,982 | $991 |
| For each extra member, add | $5,226 | $436 | $218 | $201 | $101 |

Look at the Income Guidelines chart.

* Find your household size. HOUSEHOLD is: All persons, including parents, guardians, children (including foster children and exchange students), college students, grandparents, and all people related or unrelated who live in your home and share living expenses.
* Find your household income frequency. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. If your income is at or below the income listed, you should apply for meal benefits.

Foster children are eligible for free meals regardless of your income. If you have foster children living with you, look at Part 1 on the application. If you have more questions about applying for them, please contact us.

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Write it on the application in the earnings column as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

|  |  |  |
| --- | --- | --- |
| Proprietorship IncomeLine 12 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Farm IncomeLine 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 17 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 18 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Partnership IncomeLine 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 17 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### **INCOME TO REPORT**

|  |  |  |
| --- | --- | --- |
| Earnings from Work Wages/salaries/tips  Strike benefits  Unemployment compensation  Worker’s compensation  Welfare/Child Support/Alimony  Public assistance payments  Alimony/child support payments | Farm/Other Monthly Income Disability benefits Cash withdrawn from savings  Interest/dividends  Income from estates/trusts/investments  Regular contributions from persons not living in the same household  Net royalties/annuities/net rental income  Use chart above to figure income from farm, self-owned business, day care business  Any other income | Pensions/Retirement/Social Security  Pensions  Supplemental Security Income  Veteran’s payments  Social Security  Children’s Income  Do not include income from a child’s occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child’s income from regularly scheduled jobs must be included. |

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| **APPLICATION FOR FREE MILK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2013-14 | | | | | | | | | | | | | | New Applicant | | | | | | | | | |
| (See next page for complete instructions.) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Previous Applicant | | | | | | | | | |
| To apply for free milk, fill out this application and sign your name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 1.** | | | | | | | | **Children’s Names** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Name** | | | | | | | | **School or Center** | | | | | |  | | **Foster** | | | | | |  | | **Age** | | |  | | **Child’s Name** | | | | | | | | | |  | | | **School or Center** | | | | |  | | **Foster** | | |  | | **Age** |
| 1. |  | | | | | | |  |  | | | | | |  | |  | | | |  | |  | | |  | | 4. | | | |  | | | | | |  | | |  | | | | | | |  | |  |  | |  | |
| 2. |  | | | | | | |  |  | | | | | |  | |  | | | |  | |  | | |  | | 5. | | | |  | | | | | |  | | |  | | | | | | |  | |  |  | |  | |
| 3. |  | | | | | | |  |  | | | | | |  | |  | | | |  | |  | | |  | | 6. | | | |  | | | | | |  | | |  | | | | | | |  | |  |  | |  | |
| **Part 2.** Households receiving SNAP, TANF, or FDPIR: If any member of your household is NOW receiving SNAP, TANF, or FDPIR but you did not receive a notice of direct certification from the school, list the CASE NUMBER. Fill out Sections 1, 2, and 5. The application MUST have the signature of an adult. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SNAP Case Number: | | | | | |  | | | | | | | | | | | | TANF Case Number: | | | | | | | | | | | |  | | | | | | | | FDPIR Case Number: | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 3. Is this child a migrant, homeless, or runaway?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child you are applying for is homeless, migrant, or a runaway check the appropriate box: Homeless  Migrant  Runaway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 4. Total Household Income– You must tell us how much and how often** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Name**  (List **everyone** in household) | | | | | | | **B. Check if NO income** | | | | **C. Income – list how much you get each pay day and how often you get paid**  Example: $100/month or $100/twice a month or $100/ every other week or $100/weekly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
|  | | | | | | |  | | | | **Earnings from work before deductions** | | | | | | | | | | | | | | **Welfare, child support, alimony** | | | | | | | | | | **Pensions, retirement, Social Security** | | | | | | | | **Farm/Other** | | | | | | | | | | | |
| *Example: Jane Smith* | | | | | | | **⬜** | | | | *$ 199.99 /weekly* | | | | | | | | | | | | | | *$  149.99 /every other wk* | | | | | | | | | | *$       99.99/monthly* | | | | | | | | *$      50.00 /monthly* | | | | | | | | | | | |
|  | | | | | | | **⬜** | | | | $       / | | | | | | | | | | | | | | $       / | | | | | | | | | | $       / | | | | | | | | $      / | | | | | | | | | | | |
|  | | | | | | | **⬜** | | | | $      / | | | | | | | | | | | | | | $      / | | | | | | | | | | $      / | | | | | | | | $      / | | | | | | | | | | | |
|  | | | | | | | **⬜** | | | | $      / | | | | | | | | | | | | | | $      / | | | | | | | | | | $      / | | | | | | | | $      / | | | | | | | | | | | |
|  | | | | | | | **⬜** | | | | $      / | | | | | | | | | | | | | | $      / | | | | | | | | | | $      / | | | | | | | | $      / | | | | | | | | | | | |
|  | | | | | | | **⬜** | | | | $      / | | | | | | | | | | | | | | $      / | | | | | | | | | | $      / | | | | | | | | $      / | | | | | | | | | | | |
|  | | | | | | | **⬜** | | | | $      / | | | | | | | | | | | | | | $      / | | | | | | | | | | $      / | | | | | | | | $      / | | | | | | | | | | | |
|  | | | | | | | **⬜** | | | | $      / | | | | | | | | | | | | | | $      / | | | | | | | | | | $      / | | | | | | | | $      / | | | | | | | | | | | |
| **Part 5. Signature and Social Security Number (Adult must sign)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list only the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I certify (promise) that all information on this application is true and that all income is reported. I understand that the school/center will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign here: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Last 4 digits of Social Security Number: | | | | | | | | | | | | | \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ | | | | | | | | | | | | | | | | | | I do not have a Social Security Number | | | | | | | | | | | | | | | | | | | | | | | |
| Printed Name: | | | |  | | | | | | | | | | | | | | | Home Phone: | | | | | | | |  | | | | | | | | | | | | | Work Phone: | | | | |  | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Email Address: | | | | |  | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | | | | State: | | | | |  | | | | | | | | | | Zip Code: | | |  | | | | | | | | |  | | |  | | | | | |
| **Part 6. Participant’s ethnic and racial identities (optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark one ethnic identity | | | | | | | | | | | | Mark one or more racial identities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ Hispanic or Latino | | | | | | | | | | | | ❑Asian ❑ American Indian or Alaska Native ❑ White | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ Not Hispanic or Latino | | | | | | | | | | | | ❑Native Hawaiian or Other Pacific Islander ❑Black or African American | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR SCHOOL/CENTER USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total income & how often | | | | | | | | | | SNAP / FDPIR / TANF or other eligible program household categorically eligible free:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ /  \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Number of foster children eligible free | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Household size: | | | | | | | | | | Eligibility classification | | | | | | | | | | | | Free Milk Rate | | | | | | | | | | | Paid Rate | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |
| Date notification sent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date withdrawn or transferred | | | | | | | | | | | | | | | | | | | | | |
| Signature of Determining Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |

**INSTRUCTIONS FOR APPLYING**

|  |
| --- |
| If your household gets SNAP OR TANF, you should get a letter in September from the school telling you that your children get free milk. If you are newly certified or if you do not get a letter from school or a Notice of Action from FDPIR, follow these instructions:  Part 1: List each child’s name, school/center, age, and/or grade, and mark “Y” if any of the children are foster children.  Part 2: List the SNAP, FDPIR, and/or TANF case number.  Part 3: Skip this part.  Part 4: Skip this part.  Part 5: Sign the form. A Social Security Number is not necessary. |
| **If you are applying for a child who is homeless, migrant, or a runaway check the appropriate box in Part 3 and call your school’s homeless contact, or migrant coordinator.** |
| ALL OTHER HOUSEHOLDS follow these instructions:  Part 1: List each child’s name, school/center, age, and mark “Y” if any of the children are foster children.  Part 2: Skip this part.  Part 3: Skip this part.  Part 4: Follow these instructions to report total household income from last month.  **Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student’s income must also be included. Attach another sheet of paper if you need to.  **Column B–Check if no income:** If the person, including children, does not have any income, check the box.  **Column C–List income and how often it was received:** List the types of income your household gets, how much you get each payday, and how often you are paid.  *Example: $200/monthly or $92.30/twice a month or $100/every other week $46.15/weekly*   * *Employment income:* List the **gross income** each person earned. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). * *Welfare, Child Support, Alimony -* Include welfare, child support, alimony you receive. * *Pensions Retirement, Social Security*: Include these as well as Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, * *Farm/Other Income:* Include regular contributions from people who do not live in your household and **all other sources** not previously covered. For farm income, see the worksheet on the back of the application. Next to the amount, write how often the person got it.   Part 5: An adult household member must sign the form and list only the last four digits of his or her Social Security Number, or mark the box if he or she does not have a Social Security Number.  Part 6: **Participant’s ethnic and racial identities.** This section is optional. If you leave it blank, the application will be processed without the information. Filling this out or leaving it blank does not affect the child’s eligibility. If you leave this blank, a visual identification of each child’s race and ethnicity will be made and recorded in the data system. |

**Nondiscrimination 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 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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) 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 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.

As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

**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 the participant 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 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 for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**ATTACHMENT C**

NOTIFICATION LETTER FOR PRICING LUNCH/BREAKFAST AND SMP OPTION II

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dear | |  | | | | | | | | | : | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| Your application for free and reduced price meals (or free milk) for your child(ren) has been : | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Approved for free meals based on your application | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Approved for reduced price meals at | | | | | | | | | |  | | | | | cents for lunch, | | | | | | |
|  | |  |  | |  | | | | | cents for breakfast, and | | | |  | | | | | cents for snack. | | | | | |
|  | |  | Approved for free meals due to child being certified as migrant, homeless, or runaway  Approved for free meals due to child being a foster child | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Approved for free milk | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Denied for the following reason(s): | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | Income over the allowable amount | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | Incomplete application. The following is missing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | If you do not agree with the decision, you may discuss it with the (school/center) determining official, | | | | | | | | | | | | | | | | | | | | |  | | , | |
|  | at phone number | | | | | | |  | | | | . You also have the right to a fair hearing. The hearing official is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | . To request a hearing, call or write to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | NAME & TITLE | | | | | | | |  | | | | | | | | | | |  | | | |
|  | | ADDRESS | | | | | | |  | | | | | | | | | | | |  | | | |
|  | | PHONE | | | |  | | | | | | | | | | | EMAIL: | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| **Income or household size sometimes changes during the year**. Effective July 1, 2004, the Child Nutrition and WIC Reauthorization Act of 2004 specifies households’ eligibility for free and reduced price meals shall remain in effect beginning on the date of eligibility for the current school year and ending on a date that is no more than 30 days into the subsequent school year. This provision does not apply when the initial eligibility determination was incorrect or when the verification of household eligibility does not support the level of benefits for which the household was approved. In those instances, officials must make appropriate changes in eligibility. This also means if the child (ren) were approved for free meals based on eligibility for SNAP, TANF, or FDPIR, the household does not have to report to the school food authority if those benefits are relinquished during the school year. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| Sincerely, | | | | | | | | | | | |  | | | | | | | |  | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| (NAME OF DETERMINING OFFICIAL) | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| (TITLE) | | | | | | | | | | | | | | | |  | | | |  | | | | | |
|  | | | | | | | | | | | | | | | |  | | | |  | | | | | |

**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 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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) 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 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).

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**SNAP**: The SNAP Program provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more and to obtain information on how to contact the Social Services office in your area, call 1-877-999-5612.

**CHIP**: The Children's Health Insurance Program (CHIP) in South Dakota helps eligible families get free insurance for children under age 19. If you get free or reduced price meals, or are just over the guidelines for reduced price meals, and want more information about CHIP you should call the Department of Social Services in your county or call 1-800-305-3064.