

**August 1, 2011**

Dear Parent/Guardian:

Children need healthy meals to learn. **Tri County Schools** offers healthy meals every school day. Breakfast costs **K-Grade 6 \$1.60 / Grade 7-12 \$1.70**; lunch costs **K-Grade 6 \$2.35 / Grades 7-12 \$2.45**. Your children may qualify for free meals or for reduced-price meals. Reduced-price is **\$.40** for breakfast and **\$.50** for lunch.

If your child(ren) qualified for free or reduced-price meals at the end of last school year, you must submit a new application by **September 16, 2011** in order to avoid an interruption in meal benefits.

Frequently asked questions and answers:

**1. Do I need to fill out an application for each child?**

No. Complete the application to apply for free or reduced-price meals. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Mrs. Tana Hofstetter, Food Services, Tri County Schools, 72520 Hwy 103, DeWitt, NE 68341.**

**2. Who can get free meals?**

All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.

**3. Can foster children get free meals?**

Yes, 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. Please call **Tana Hofstetter, Food Services at 402-683-2015 or 402-656-4035** to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. Can homeless, runaway and migrant children get free meals?**

Yes, children who meet the definition of homeless, runaway or migrant qualify for free meals. If you haven't been told your children will get free meals, please call **[school, homeless liaison or migrant coordinator information]** to see if they qualify.

**5. Who can get reduced price meals?**

Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart shown with this application.

**6. Should I fill out an application if I received a letter this school year saying my children are approved for free meals?**

Please read the letter carefully and follow the instructions. Call the school at **402-683-2015 or 402-656-4035** if you have questions.

**7. My child's application for was approved last year for meal benefits. Do I need to fill out another one?**

Yes, your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

**8. I receive WIC. Can my child(ren) get free meals?**

## Instructions for Completing the Free & Reduced Priced School Meals Family Application

**If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1:** List each child's name, the school they attend and their grade.
- Part 2:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number do not need to be reported.
- Part 5:** Answer this question if you choose to.

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

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

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number do not need to be reported.
- Part 5:** Answer this question if you choose to.

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

- Part 1:** List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.
- Part 2:** If the household does not have a Master Case Number, skip this part.
- Part 3:** Follow these instructions to report total household income from last month:
  - Column 1 – Household Names:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.
  - Column 2 - Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits) and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. For individuals who are self-employed, report income after expenses from business, farm or rental property. **Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are in the Military Privatization Housing Initiative or receive combat pay, do not include these allowances as income.
  - Column 3–Check if NO income:** If the person does not have any income, check this box.
- Part 4:** An adult household member must sign the form and list the last four digits of their Social Security Number OR mark the box if he/she doesn't have one.
- Part 5:** Answer this question if you choose to.

## Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals may use their 2010 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses, such as interest on home mortgages, medical expenses, and other similar non-business items are not allowed in reducing gross business income.

USDA has announced that **losses** (negative numbers) on the lines listed below can be used to determine the **total** income for this attachment. If the total income is a negative number, it must then be recorded as zero on the application in the category labeled "All Other Income".

Zero income resulting from the use of Form 1040 does not require follow-up.

Please note: ~~Line 7 cannot be reported as current income. Income from wages or salaries must be reported on the application for the most recent month.~~

Line **22** (total income) and line **37** (adjusted gross income) may not be used for purposes of applying for free and reduced-price meals.

The required information for determining the allowable income from self-employment is to be taken from the **2010 U.S. Individual Income Tax Return Form 1040**.

Line 12, Business Income (or loss)	_____
Line 13, Capital Gain (or loss)	_____
Line 14, Other Gains (or losses)	_____
Line 17, Rental Real Estate, etc.	_____
Line 18, Farm Income (or loss)	_____

**NOTE:** If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.

This attachment is used only to report income from self-employment and/or farming.

Total of above lines: \_\_\_\_\_ **equals annual self-employed income\***

**If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the application.**

\* This figure is to be reported on the application under "All Other Income".

**Part 1: Children in School**

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

**Part 2: SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income - You must tell us how much and how often.**

1. Household Names List everyone in household and the income each earns & how often OR check the box at the right if they have no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received								3. Check if NO income
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security, SSI, VA Benefits, Disability		All Other Income (Self Employment)		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
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**Part 4: Signature and Social Security Number (Adult Must Sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2)  
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number (last 4 digits): XXX – XX – \_\_\_\_\_  I do not have a Social Security Number

**Part 5: Children's Ethnic and Racial Identities (Optional)**

**Mark one Ethnic Identity:** -- and -- **Mark one or more Racial Identities:**  
 Hispanic or Latino       Asian       Black or African American       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino       White       American Indian or Alaska Native

**Do Not Fill Out This Part. For School Use Only.**

Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Total Household Size \_\_\_\_\_ Free  Temporary Approval for Zero Income Until: \_\_\_\_\_

Total Income \$ \_\_\_\_\_ per \_\_\_\_\_ Reduced  Results of Follow-up (45 days or less): \_\_\_\_\_

Year  Month  2 X Mo.  Every 2 Wks  Week Follow-up Signature \_\_\_\_\_ Date: \_\_\_\_\_

Categorically Eligible: SNAP/TANF/FDPIR  Denied  Reason for Denial: \_\_\_\_\_  
 Foster Child  Income too high  Incomplete App.  Date Withdrawn from School: \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_ Date Approved: \_\_\_\_\_

Signature of Confirming Official (Verification only) \_\_\_\_\_ Date Confirmed: \_\_\_\_\_