

# All About Lunch!

Dear Parents & students,

This will be year 15 since we have reopened as a Catholic School. WOW!!! So many blessings & changes since we started. Listed below are a few new changes for this year along with the most frequently asked questions. Complete information about school lunches can be found in the Parent Student Handbook.

**Lunch Prices:** K-8 Students- \$2.75; Reduced Price- \$0.40; Adults/guests- \$3.75; extra milk \$0.40

**Payments:** \$45 per month [Aug. - May] per student; Reduced price \$7

Lunch envelopes are provided for each family. They are sent home on the 2<sup>nd</sup> Tuesday of each month to all students, including those that qualify for free lunch. Payments are due on the 20<sup>th</sup> of the month. Please use the lunch envelope for all payments and return to school each month.

**Unpaid Lunch Policy:** Payments not received by the end of the month are *overdue*. Payments not received for 2 consecutive months are *delinquent*. Delinquent accounts will be given 3 days to make payment or make arrangements with the director of food services; after which time students could possibly be denied a school lunch. All negative balances should be paid before the last day of the school year. Negative balances that have been transferred over from the previous school year must be paid before students will be provided a school lunch.

**Free & Reduced:** An information letter & application are included with this mailing. Applications are also available for printout online- [www.sjost.com](http://www.sjost.com) Free & reduced benefits for last year students will carry over until Sept. 30, 2018 **OR** until a new application is submitted. You may apply for free or reduced lunches anytime throughout the school year, benefits are good for the entire school year & applications are kept strictly confidential.

**Special Milk Program:** Because preschool students don't have access to school lunch, they receive milk each day at no cost to the parents. A partial reimbursement is received from KSDE and the remaining balance is paid by PTO.

**Morning Snack:** Snack is provided each morning for K-2 students and funded by the PTO.

**Student Lunch Schedule:** The lunch schedule is yet to be determined. We will update you as soon as it is available.

**Lunch Guests:** We welcome all parents & friends to eat lunch with students. Meals for all guests are \$3.75. Please call the school office or kitchen by 9:00 am if you would like to eat lunch that day. Guests must sign in at the school office before coming to the cafeteria.

**Sack Lunches:** Must be self-contained. Students do not have access to a refrigerator or microwave. KSDE regulations do not allow candy, soda or fast food in the original packaging. Milk may be purchased for \$0.40.

**Offer vs. Serve:** We are an OFFER program. Each meal contains 5 components: Meat (or a meat alternate), Grain/Bread, Fruit, Vegetable, Milk. Students must take at least one half cup of fruit or vegetable *and* two additional components of their choice.

**Lunch Choices:**

**Monday:** 1<sup>st</sup> choice- menu item; 2<sup>nd</sup> choice- corn dog w/tater tots; 3<sup>rd</sup> choice- chef salad (ham/turkey/cheese/egg) with bread item

**Tuesday:** 1<sup>st</sup> choice- menu item; 2<sup>nd</sup> choice- hamburger w/fries; 3<sup>rd</sup> choice- Chicken Caesar salad (brd or grilled chicken/cheese/egg) with bread item

**Wednesday:** 1<sup>st</sup> choice- menu item; 2<sup>nd</sup> choice- corn dog w/tater tots; 3<sup>rd</sup> choice- chef salad (ham/turkey/cheese/egg) with bread item

**Thursday:** 1<sup>st</sup> choice- menu item; 2<sup>nd</sup> choice- hamburger w/fries; 3<sup>rd</sup> choice- Chicken Caesar salad (brd or grilled chicken/cheese/egg) with bread item

**Friday:** 1<sup>st</sup> choice- menu item; 2<sup>nd</sup> choice- cheese pizza; 3<sup>rd</sup> choice- meatless salad (cheese/egg) with bread and a peanut butter cup with apples or celery

\*The kitchen reserves the right to substitute the potato item listed on the menu with the 2<sup>nd</sup> choice corn dogs or burgers for tater tots or French fries.

\*All choices will include selections of veggies and fruits from the Garden Line

\**New!* Dessert items listed on the lunch menu will be offered to all choices.

<b>Staff:</b> Wanda Day	Director of Food Services
Staci Mies	Kitchen Manager
Sarah Meng	Part time cook
Sarah Olsen	Bookkeeping

Even though now, in year 15, when we have an actual staff, the heart of our program's success is due to our amazing volunteers!! Without volunteers, it would be a *very different program indeed!*

**Please!** I appeal to that gift of service in all of you! If possible, would you please consider helping once a week, once a month, twice a month or whatever hours you can? Volunteers must have Virtus Training and attend a training session here at St. Joe on Wed. Aug. 8<sup>th</sup>, 8:30-11:30am. Typical volunteer hours are 8:30am-1:30pm. Please call or text Wanda Day 620-412-7609 or Staci Mies 316-619-1968 if you have any questions.

Our kitchen staff and volunteers strive to serve great meals and earn our reputation for great school lunches. I hope you feel we have achieved that goal and ask your prayers for our continued success.

*Wanda Day*

Director of Food Services

[wday@sjost.com](mailto:wday@sjost.com)

316-444-2548

This institution is an equal opportunity employee

# ST. JOSEPH CATHOLIC SCHOOL, OST

12917 E Maple Grove Road      Mt. Hope, KS 67108

Dear Parent/Guardian:

Children need healthy meals to learn. St. Joseph Catholic School offers healthy meals every school day. **Your children may qualify for free meals or for reduced price meals.**

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
<input checked="" type="checkbox"/> Lunch	2.75	.40	2.75	.40		
<input type="checkbox"/> Breakfast						
<input type="checkbox"/> After School Snack						

An application for free or reduced price meal benefits and a set of detailed instructions is included with this letter or available online at [www.sjost.com](http://www.sjost.com). Contact Wanda Day 316-444-2548 or [wday@sjost.com](mailto:wday@sjost.com) with questions or to request an application be sent. Below are some common questions and answers to help you with the application process.

**1. WHO CAN GET FREE OR REDUCED PRICE MEALS?**

- All children in households receiving benefits from **Food Assistance (FA), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Families (TAF)** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail St. Joseph Catholic School, Erin Hohl.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Wanda Day, St. Joseph Catholic School 12917 E Maple Grove Road Mt. Hope, KS 67108 316-444-2548.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Wanda Day St. Joseph Catholic School, 12917 E Maple Grove Road, Mt. Hope, KS 67108 316-444-2548 ext. 2 immediately.

5. CAN I APPLY ONLINE? Not Available , Yes  You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <website> to begin or to learn more about the online application process. Contact <Determining Official's name, address, phone number, e-mail> if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through 9-28-2018. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Father Daniel Duling 13015 E Maple Grove Road Mt. Hope, KS 67108 316-444-2210.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Wanda Day 316-444-2548 ext. 2 or wday@sjost.com to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food Assistance (FA) or other assistance benefits, contact your local assistance office or call 1-888-369-4777.

If you have other questions or need help, call 316-444-2548 ext 2.

Sincerely,

Wanda Day  
Director of Food Services

This institution is an equal opportunity provider.

Letter to Household - 5/2018

# APPLICATION PACKET FOR FREE AND REDUCED PRICE SCHOOL MEALS

**How to Apply for Free and Reduced Price School Meals.** For translated materials, go to [www.kn-eat.org](http://www.kn-eat.org), School Nutrition Programs, Administration, Foreign Language Translation. Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in St. Joseph Catholic School. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Wanda Day 316-444-2548 ext. 2; [wday@sjost.com](mailto:wday@sjost.com) or Sarah Olsen 316-444-2548 ; [solsen@sjost.com](mailto:solsen@sjost.com) .

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## **STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending St. Joseph Catholic School, regardless of age.

**A) List each child's name.** Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**B) Is the child a student at St. Joseph Catholic School?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend St. Joseph Catholic School. If you marked 'Yes,' write the name of the school and the grade level of the student in the 'School' and 'Grade' columns to the right.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

## **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, TAF, OR FDP/IR?**

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

- Food Assistance (FA)
    - Temporary Assistance for Families (TAF).
  - The Food Distribution Program on Indian Reservations (FDP/IR).
- A) If no one in your household participates in any of the above listed programs:**
- Write a case number for FA, TAF, or FDP/IR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact Kansas Department for Children and Families.
  - Leave STEP 2 blank and go to STEP 3.
  - Go to STEP 4.

## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children", printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

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

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

*What is Child Income?* Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

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

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in STEP 1.

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

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. See detailed instructions on the back of the application.

*What if I am self-employed?* Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to: St. Joseph Catholic School, Food Services 12917 E Maple Grove Road, Mt. Hope, KS 67108

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

# 2018-2019 Household Application for Free and Reduced Price School Meals

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

## STEP 1

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

## STEP 2

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) **Case Number:** \_\_\_\_\_ Write only one case number in this space.

## STEP 3

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Flip the page to learn how to report income from Self Employment.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work		How often?		Public Assistance/ Child Support/Alimony		Pensions/Retirement/ All Other Income		How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Total Household Members (Children and Adults)**  
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X | X X | X X | X X | X X | X X | X X | X X

Check if no SSN

## STEP 4

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult signing the form \_\_\_\_\_ Signature of adult \_\_\_\_\_ Today's date \_\_\_\_\_

**INSTRUCTIONS**

**Sources of Income for Children**

**Sources of Child Income**

- Earnings from work
- Social Security
  - Disability Payments
  - Survivor's Benefits
- Income from person outside the household
- Income from any other source

**Example(s)**

- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits
- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

**Income from Self Employment:** Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report 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 payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment.

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

- Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  Asian  
 Race (check one or more):  American Indian or Alaskan Native  Black or African American  Native Hawaiian or Other Pacific Islander  White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA) Temporary Assistance for Families (TAF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

**Do not fill out**

For Schools (Use Only - Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12)

- Total Income: \$ \_\_\_\_\_ How Often (Circle One): W BW 2M M Multiple=Yearly Household Size: \_\_\_\_\_  
 Categorical Eligibility (FA, TAF, FDPIR, Foster)  Free OR  Reduced Price OR  Denied

Determining Official's Signature: \_\_\_\_\_ Approval/Denial Date: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Processor's Initials: \_\_\_\_\_ Confirming Official's Signature (ONLY for applications to be verified): \_\_\_\_\_ Review Date: \_\_\_\_\_

**Sources of Income for Adults**

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)
- If you are in the U.S. Military:
  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
  - Allowances for off-base housing, food and clothing
- Unemployment benefits
- Worker's compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veteran's benefits
- Strike benefits
- Social Security (including railroad retirement and black lung benefits)
- Private pensions or disability benefits
- Regular income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Gross Annual Income Before Any Deductions.
	\$ _____	Gross Annual Income + 12 = Computed Monthly Income. Report in Step 3.

Computed Monthly Income

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- Fax: (202) 690-7442; or
- Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.