



LAKE PRESTON PUBLIC SCHOOL  
300 1<sup>st</sup> St. NE  
Lake Preston, SD 57249

High School: 605-847-4455  
Elementary: 605-847-4464  
Fax: 605-847-4311

A Proud History of Education Since 1902

[www.lakepreston.k12.sd.us](http://www.lakepreston.k12.sd.us)

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Dear Parents:

Again this year the school lunch and breakfast programs will be operating on a prepaid basis. Students are required to deposit money into their lunch account prior to using these programs. **Any balance you may have had at the end of last year will be carried forward to this year.** Meals will be deducted from the prepaid balance as consumed, and once the account balance reaches \$10.00 you will be notified to deposit more money into your child's lunch account within the week.

Grades PreK-6 student breakfast prices are \$.75 and lunch prices are \$3.00, milk only is \$.25/carton. Grades 7-12 breakfast prices are \$.75 and lunch prices are \$3.25 per meal, (with 2<sup>nd</sup> entrees for 7-12<sup>th</sup> grades at \$.75). You may deposit whatever you wish into your child's account, but it is recommended that you deposit at least a month's balance to avoid numerous low balance notifications. For an elementary student this would be approximately \$60.00 for lunch and \$15.00 for breakfast, and a secondary student would be \$65.00 for lunch and \$15.00 for breakfast (more if your child takes second helpings.) Milk for 4 year old preschool costs \$25/year; 3 year old \$17/year.

Once the account reaches a deficit balance of -\$10.00, you will be notified of your status. If the account reaches a negative level of -\$50.00, your child(ren) will not be able to participate in the lunch program until a deposit is made to their account. Please have a deposit made to your child's account by Friday, August 19<sup>th</sup>.

**You are encouraged to apply for the free and reduced meal program.** Children and families whose income falls within the level shown on the enclosed scale are eligible for either free meals or reduced price meals at \$.40 each for lunch and \$.30 each for breakfast. You can apply for free and reduced meals at any time, but to receive credit for your September bill, please fill out the attached application, sign it, and return it by Wednesday, August 31<sup>st</sup>. All applications are strictly confidential.

Please be aware that your participation in the free and reduced meal program greatly enhances the educational opportunities for all of our students. The number of students participating in the free and reduced meal program determines the amount of income the school receives for all Title programs. Your help is greatly appreciated.

The enclosed information explains eligibility and how to apply for meal benefits. If you apply for the free and reduced meals, you will be notified when the application is approved or denied. If you have any questions or need help in filling out an application form, or the prepaid lunch policy, please contact me.

Sincerely,

*Kristi Curd*

Kristi Curd, Business Manager  
Lake Preston Schools



## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **The Lake Preston School District** offers healthy meals every school day. Breakfast costs \$.75; Lunch costs: 7<sup>th</sup> – 12<sup>th</sup> grades: \$3.25 (second entrees \$.75); K-6<sup>th</sup> grades: \$3.00.

**Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 for breakfast, \$.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

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

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016-17			
Household size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

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 Cathy Nelson at (605) 847-4455 or [Cathy.Nelson@k12.sd.us](mailto:Cathy.Nelson@k12.sd.us).*
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: *Kristi Curd, Business Manager, Lake Preston School, 300 1<sup>st</sup> St NE, Lake Preston, SD 57249. [Kristi.Curd@k12.sd.us](mailto:Kristi.Curd@k12.sd.us).*



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: *Kristi Curd, Business Manager, Lake Preston School, 300 1<sup>st</sup> St NE, Lake Preston, SD 57249 (605) 847-4455 [Kristi.Curd@k12.sd.us](mailto:Kristi.Curd@k12.sd.us)* right away so those children get benefits, too.
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
6. I GET WIC OR MEDICAID. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC or Medicaid may be eligible for free milk. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials by calling: *Kristi Curd, Business Manager at (605) 847-4455 or [Kristi.Curd@k12.sd.us](mailto:Kristi.Curd@k12.sd.us)* . You also may ask for a hearing by calling or writing to: *Tim Casper, Superintendent, 300 1<sup>st</sup> St. NE, Lake Preston, SD 57249. Phone: (605) 847-4455. Email: [Tim.Casper@k12.sd.us](mailto:Tim.Casper@k12.sd.us)* .
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you 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.
12. 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 meal benefits will expire.
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, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization



Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

IS 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.

15. 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
16. 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.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? Contact your local Department of Social Services office to find out how to apply for SNAP or other assistance benefits.
18. WHAT IF MY CHILD NEEDS SPECIAL FOODS? The school/center will make substitutions to the regular school meal 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 meals or milk.

If you have other questions or need help, please call **(605) 847-4455**.

Sincerely,

*Kristi Curd*

Kristi Curd, Business Manager  
Lake Preston School District 38-3  
300 1<sup>st</sup> Street NE  
Lake Preston, SD 57249  
(605) 847-4455  
[Kristi.Curd@k12.sd.us](mailto:Kristi.Curd@k12.sd.us)



2016-2017 Application for Free and Reduced Price School Meals or Free Milk  
Complete one application per household. Please use a pen (not a pencil).

New Applicant  Previous Applicant

**STEP 1**

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's Name	Age	Write in name of child's school, or "not in school"	If a student, write in the grade	Homeless, Migrant, Runaway	Foster Child
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2**

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Case Number.**

If you answered NO > Complete STEPS 3 and 4.  
IF YES > Write your 9-digit SNAP, TANF, or FDIPIR case number here then go to STEP 4  
(Do not complete STEP 3)

**STEP 3**

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)  
Write only one case number in this space.

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

Name of Adult Household Members (First and Last)	Earnings from Work		How often?		Child Income	How often?		Child Income	How often?		Total Household Members (Children and Adults)	Primary Wage Earner or Other Adult Household Member	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Check if no SSN					
	Weekly	Bi-Weekly	2x/Month	Monthly		Weekly	Bi-Weekly		2x/Month	Monthly					Weekly	Bi-Weekly	2x/Month	Monthly	Annually
					\$				\$										
					\$				\$										
					\$				\$										
					\$				\$										
					\$				\$										

**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 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	How often?		Farming/Retirement/Other Income	How often?		Total Household Members (Children and Adults)	Primary Wage Earner or Other Adult Household Member	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Check if no SSN					
	Weekly	Bi-Weekly	2x/Month	Monthly		Weekly	Bi-Weekly		2x/Month	Monthly					Weekly	Bi-Weekly	2x/Month	Monthly	Annually
					\$			\$											
					\$			\$											
					\$			\$											
					\$			\$											
					\$			\$											

**STEP 4**

Contact information and adult signature. SIGNATURE IS REQUIRED

"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 completing the form Signature of adult completing the form Today's date



**INSTRUCTIONS**

Sources of Income

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

Sources of Income for Children

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

**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  American Indian or Alaskan Native  Asian  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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA 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.

**Do Not Fill Out FOR SCHOOL / CENTER USE ONLY**

Do not convert single income frequency. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12.

Total income:

How Often?  Weekly  Bi-Weekly  2xMonth  Monthly  Household Size:

Categorical Free Eligibility: (Select 1)

Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Eligibility: (Select 1)

Free	Reduced	Denied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date



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

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 [School Food Authority]. 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 **Kristi Curd, Business Manager, at (605) 847-4455 or [Kristi.Curd@k12.sd.us](mailto:Kristi.Curd@k12.sd.us)**.

**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 **Lake Preston School**, *regardless of age*.

**A) List each child's name.** For each child, print their first name, middle initial and last 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) How old is the child? Is the child a student? What school/center does the child attend?** Fill in the information for the center or school to use.

**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. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please 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 (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDPIR?**

**If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:**

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

**A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Circle 'NO' and skip to STEP 3 and then 4 on these instructions and STEP 3 and then 4 on your application.
- Leave STEP 2 blank.

**B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Circle 'YES' and provide a case number for SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact your local assistance office. You must provide a case number on your application if you circled "YES".
- Skip to STEP 4.

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

**A) Report all income earned by children.** Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for **ALL** children listed in Step 1 in your household in the box marked "Total Child Income." Two sets of boxes are provided in case there are different frequencies for income. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the 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. Use the chart below to determine if your household has child income to report.

<b>Sources of Income for Children</b>	
<b>Sources of Child Income</b>	<b>Example(s)</b>
<ul style="list-style-type: none"> <li>• Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>• A child has a job where they earn a salary or wages.</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security               <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor's Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A child is blind or disabled and receives Social Security benefits.</li> <li>• A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from persons <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>• A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• A child receives income from a private pension fund, annuity, or trust.</li> </ul>

**FOR EACH ADULT HOUSEHOLD MEMBER:**



**Who should I list here?**

When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if 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.
- Children and students already listed in Step 1

**How do I fill in the income amount and source?**

**FOR EACH TYPE OF INCOME:**

- Use the charts in this section 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 or deductions.
  - 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 be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.
- The last set of columns includes space for annual income such as farming.

**B) List Adult Household member's name.** 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.** Refer to the chart titled "Sources of Income for Adults" in these instructions and 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.

**What if I am self-employed?**

If you are 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.

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.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	



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

**E) Report income from Farming/Pensions/Retirement/All other income.** Farming is included here because this chart has a box for annual income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Farming/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 determines your income cutoff for free and reduced price meals.

**G) Provide the last four digits of your Social Security Number.** The household's primary wage earner or another 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 SS#."

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Farming / Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• <b>Net</b> income from self-employment (farm or business)</li> <li>• Strike benefits</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Farm income</li> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability</li> <li>• Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• <i>Regular</i> cash payments from outside household</li> </ul>

#### 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) Sign and print your name.** Print your name in the box "Printed name of adult completing the form." Sign your name in the box "Signature of adult completing the form."

**C) Write Today's Date.** In the space provided, write today's date in the box.

**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.**



## INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2016 through June 30, 2017

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.

Household Size	Annually		Monthly	Monthly	Twice a month	Twice a month	Every 2 weeks	Every 2 weeks	Weekly	Weekly
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$15,444	\$21,978	\$1,287	\$1,832	\$644	\$916	\$594	\$846	\$297	\$423
2	\$20,826	\$29,637	\$1,736	\$2,470	\$868	\$1,235	\$801	\$1,140	\$401	\$570
3	\$26,208	\$37,296	\$2,184	\$3,108	\$1,092	\$1,554	\$1,008	\$1,435	\$504	\$718
4	\$31,590	\$44,955	\$2,633	\$3,747	\$1,317	\$1,874	\$1,215	\$1,730	\$608	\$865
5	\$36,972	\$52,614	\$3,081	\$4,385	\$1,541	\$2,193	\$1,422	\$2,024	\$711	\$1,012
6	\$42,354	\$60,273	\$3,530	\$5,023	\$1,765	\$2,512	\$1,629	\$2,319	\$815	\$1,160
7	\$47,749	\$67,951	\$3,980	\$5,663	\$1,990	\$2,832	\$1,837	\$2,614	\$919	\$1,307
8	\$53,157	\$75,647	\$4,430	\$6,304	\$2,215	\$3,152	\$2,045	\$2,910	\$1,023	\$1,455
For each additional family member, add	\$5,408	\$7,696	\$451	\$642	\$226	\$321	\$208	\$296	\$104	\$148

### INSTRUCTIONS 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, bring all income to annual 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.
  - o **Do not round the values resulting from each conversion.**
  - o 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 all questionable applications.

The IEGs are based on the Federal Poverty Guidelines annually. The 2016 guidelines show no change in the income levels for household sizes with 7 or more family members compared to that of 2015; thus the Free and Reduced-price income limits for 2016-17 are the same as the 2015-16 guidelines for household sizes 7+. Families still must apply each year.