



Gregory School District 26-4

SARA ANDERSON
Superintendent
(605) 835-9651 - Ext. 213

JEFF DETERMAN
PK-12 Principal
(605) 835-8771 - Ext. 241

KEVIN MYRMOE
Business Manager
(605) 835-9672 - Ext. 215

Dear Parent/Guardian:

Throughout the COVID-19 pandemic, the U.S. Department of Agriculture (USDA) has issued numerous waivers and additional funding for School Nutrition Programs (SNP) – allowing many students to eat free school meals without collecting applications. The Consolidated Appropriations Act of 2022 was signed into law (Public Law 117-103) on March 15, 2022. This law did not extend any special authority to USDA's Food and Nutrition Service (FNS). This means we will return to our normal school nutrition program for the 2022-2023 school year.

There will be no extension of universal free meals for the 2022-2023 school year.

With this move back to pre-COVID practices, the Gregory School District will not be offering universal free meals to students for the 2022-2023 school year. To receive free or reduced-price meals, the district will need to collect student eligibility through the direct certification site or with an approved household application.

Most students will **NOT** have free or reduced-price benefits from the previous year to carry them into the first 30 days of the 2022-2023 school year. Only those students that have an approved application on file from the 2021-2022 school year will have carryover benefits. With our direct certification or an approved household application, students will begin being charged for meals the first day meals are offered.

Applications for the 2022-2023 school year are available in the Gregory High School office. If you have any questions, please contact Ashley Lozano at 605-835-9672 or by email at ashley.lozano@k12.sd.us

Sara Anderson
Superintendent
Gregory School District

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Children need healthy meals to learn. The Gregory School District offers healthy meals every school day. Breakfast costs; \$2.00, lunch costs \$2.95 for BK-5 students and \$3.05 for 6-12 students; **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 2022-2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
Each additional person:	\$8,732	\$728	\$168

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail the Gregory School District at 605-835-9672 or ashley.lozano@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: Ashley Lozano in the Gregory High School office or by email at ashley.lozano@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 the Gregory School District 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 or reduced-price meals. WIC and Medicaid are **not** automatic qualifications. 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 Ashley Lozano at 605-835-9672 or email at ashley.lozano@k12.sd.us. You also may ask for a hearing by calling or writing to: Sara Anderson, 605-835-9672 ext.213 or sara.anderson@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 a certain period of time. 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. When 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. Family Subsistence Supplemental Allowance (FSSA) payments and any additional combat pay resulting from deployment are 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 changes, 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 special meals or milk.

If you have other questions or need help, call 605-835-9672.

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 the Gregory School District. 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 Ashley Lozano at 605-835-9672 or ashley.lozano@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 you provide care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending the Gregory School District, *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. 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 may meet this description, please mark the "Homeless, Migrant, and 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 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:**
- Leave STEP 2 blank and go to STEP 3
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- Write 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
 - Go to STEP 4

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- A) 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 INCOME EARNED BY CHILDREN

- 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

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

a) 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.

b) 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.

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.

c) 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.

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

e) 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.

f) 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."

- B) 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.
- C) 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.
- D) Mark how often each type of income is received using the check boxes to the right of each field.

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.

- E) To figure monthly income for self-employment/farming: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Schedule 1. Write the numbers from the corresponding tax form lines in the box below. Write it on the free/reduced-price meal application in the earnings column as annually. If it is a negative number, write it as zero on the application. All other income from the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

Line 1 of the IRS Form 1040 cannot be used to report income. Income from wages or salaries must be reported on the free/reduced price meal application for the most recent month by family member and frequency.

Line 7b (total income) and Line 8b (adjusted gross income) of the IRS Form 1040 cannot be used for the purpose of applying for free and reduced-price meals.

The line items below are used to determine allowable self-employment income. Refer to the US Individual Income Tax Return Form 1040 – Schedule 1 under Part I, Additional Income section.

If OF	Line 3, Business 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.	the TOTAL THE
	Line 4, Other Gains (or losses)	\$		
	Line 5, Rental Real Estate, etc.	\$		
	Line 6, Farm Income (or loss)	\$		
	Line 8, Other Income	\$		
	TOTAL OF ABOVE LINES:	\$		
			Equals annual self-employment income**	

ABOVE LINES is a negative number, it must be changed to zero before it is transferred to the free/reduced price meal application

**Report this amount on the free and reduced-price meal application in the category labeled "Farming/Pensions/Retirement/Other income."

- 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 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) **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; however, if you do not select a race/ethnicity, one will be selected for you based on visual observation.

2022-2023 Application for Free and Reduced Price School Meals or Free Milk

New Applicant Previous Applicant

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

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 name of child's school, or "not in school"	Last student, write in the grade	Check all that apply		
				Foster Child	Homeless, Migrant, Runaway	
				<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"/>

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? (NOT Medicaid)

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)

Case Number:

Write only one case number in this space.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

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.

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 Member (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	Child Income	How often?			Farming/ Pensions/ Retirement/ Other Income	Child Income	How often?			New case?				
		Weekly	Bi-weekly	Semi-monthly			Monthly	Weekly	Bi-weekly			Semi-monthly	Monthly	Weekly		Bi-weekly	Semi-monthly	Monthly	
		<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"/>	\$	<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"/>	\$	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members (Children and Adults)		<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 if no SSN

STEP 4: Contact information and adult signature.

"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 o Disability Payments o Survivor's Benefits	A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside the household	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 Adults	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
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	

OPTIONAL: Children's Racial and Ethnic

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 child's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
 Civil Rights: Information if you have a complaint

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.

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: How to File a Complaint, 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) 652-9992. 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
 This institution is an equal opportunity provider.

Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY

Do not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income: _____ How Often? _____ Household Size: _____ Categorical Free Eligibility: (Select 1) _____ Income Eligibility: (Select 1) _____

How Often?		Household Size:				Income Eligibility: (Select 1)						
Weekly	Bi-Weekly	2x/month	Monthly	Annual	Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR	Free	Reduced	Denied

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____