2014-15 Lincoln Public Schools Free/Reduced Price School Meals Family Application - complete online at www.lps.org Part 1: Children in School List names of all children, including foster children, in school. Check box If all children listed are foster, skip to Part 4 to sign the form. below if a (First, Middle Initial, Last Name) foster child. Name of School Child Attends Birth Date Grade Part 2: SNAP, TANF or FDPIR Benefits Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4 Part 3: Total Household Gross Income - You must tell us how much and how often you receive each amount listed. 1. Household Names 2. Gross Income and How Often it was Received List everyone in household and the Check Pensions, Retirement, income each earns & how often OR if NO Earnings from Work Welfare, Child Social Security, SSI, All Other Income check the box at the right if they have VA Benefits, Disability (Self Employment) before deductions Support, Alimony income no income. A foster child's personal Income How often Income How often Income Income How often How often use income must be listed. Part 4: Signature and Social Security Number (Adult Must Sign) An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted. Sign here: \_\_\_\_\_Print name: \_\_\_\_\_Date: \_\_\_\_\_Address: \_\_\_\_\_Zip \_\_\_Phone Number: \_\_\_\_\_\_Social Security Number (last 4 digits): XXX – XX – \_\_\_\_\_\_O I do not have a Social Security Number Part 5: Children's Ethnic and Racial Identities (Optional) Mark one Ethnic Identity: -- and -- Mark one or more Racial Identities: □ Not Hispanic or Latino ☐ Asian ☐ Black or African American
☐ White ☐ American Indian or Alaska Nativa □ Native Hawaiian or ☐ American Indian or Alaska Native other Pacific Islander □ White Do Not Fill Out This Part. For School Use Only. Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12 App. Number: Total Household Size\_\_\_\_\_ Free 0 Total Income \$ \_\_\_\_\_ per Reduced o ☐ Year ☐ Month ☐ 2 X Mo. ☐ Every 2 Wks ☐ Week Categorically Eligible: SNAP/TANF/FDPIR 0 Denied O Reason for Denial: Income too high o Incomplete App. o Foster Child O Signature of Determining Official \_\_\_\_\_ Date Approved: \_\_\_\_\_ Signature of Confirming Official (Verification only) Date Confirmed:

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART					
for School Year 2014-15					
Household size	Yearly	Monthly	Twice	Every	Weekly
			per	Two	
			Month	Weeks	
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each additional person, add:	7,511	626	313	289	145

## **Expedite Application:**

Complete online at www.LPS.ORG, Popular Pages, Free/Reduced Meal Application.

## **Return Application To:**

Child's school or the LPS Nutrition Services Dept, P.O. Box 82889, Lincoln, NE 68501.

## For Assistance Completing this Form, Contact:

LPS Nutrition Services Dept, 5905 "O" Street, Lincoln, NE 68510 or call 402-436-1746.

Use of Information Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve 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 are 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.

Non-Discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).USDA is an equal opportunity provider and employer.

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