

2010-11 Lincoln Public Schools Free and Reduced Price School Meal Application

Part 1: Children in School (Must fill out a separate application for each foster child.)

Names of all Children in School (First, Middle Initial, Last)	Name of School	Grade

Part 1a: 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 2: Foster Child/Institutionalized Child

Check this box if application is for a foster child or a child who is residing in an institution. List the amount of the child's personal use monthly income: \$ _____. If there is no income, record "0". Skip to Part 4.

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

1. Name <small>List everyone in household <u>and</u> the income each earns <u>or</u> check the box at the right if they have no income</small>	2. Gross Income and how often it was received								3. Check if NO income	
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income (Self Employment)			
	Income	How often	Income	How often	Income	How often	Income	How often		
										<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"/>

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 also list his/her 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: _____
 Address: _____ Zip _____ Phone Number: _____
 Social Security Number: _____ I do not have a Social Security Number

Part 5: Children's Racial and Ethnic identities (optional)

Mark one Ethnic Identity: -- and -- **Mark one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaska Native

Do not fill out this part. For school use only.

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

Total Household Size _____ Free Family Number: _____

Total Income \$ _____ per _____

Year Month 2 X Mo. Every 2 Wks Week Reduced Temporary Approval for Zero Income Until: _____

SNAP (formerly Food Stamps)/FDPIR/TANF Denied Reason for Denial: _____ Results of Follow-up (45 days or less): _____

Foster/Institutionalized Child Income too high Incomplete App. Date Withdrawn from School: _____

Signature of Determining Official _____ Date Approved: _____

Signature of Confirming Official (Verification only) _____ Date Confirmed: _____

2010-11 Lincoln Public Schools Free and Reduced Price School Meal Application

Return Application To:

Youngest/only child's school or the Lincoln Public Schools District Office, Nutrition Services Department, 5901 'O' Street, Lincoln, NE 68510-2235.

For Assistance Completing This Form, Contact:

Nutrition Services Department, 5901 O Street, Lincoln, NE 68510-2235
Kathy Arehart at (402) 436-1746

Privacy Act 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 social security number of the adult household member who signs the application. 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Additional Information Free or Reduced Price Meals Application

Verification

Your eligibility may be checked at any time during the school year. School officials may ask you to send acceptable papers and/or documents which prove your child(ren) are eligible for free or reduced price meals benefits.

Family Income (for families not receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, FDPIR or TANF (Temporary Assistance for Needy Families):

You must report a breakdown of income for **you** and **all others** living in your household. Income from the following sources should be included:

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Social Security/Pension/Retirement

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Other Income

Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/
Investments
Regular contributions from persons not living in the household
Net royalties/annuities/
Net rental income
Any other income

Welfare/Child Support/Alimony

Public Assistance payments
Welfare payments
Alimony/child support payments

Note

- ◆ Any income earned by students from **regular** full time or part time jobs must be reported.
- ◆ You must list **Gross income, the amount earned before taxes and other deductions.**

Do Not Report

- ◆ Scholarships or other educational benefits.
- ◆ Value of Supplemental Nutrition Assistance Program (SNAP) benefits.
- ◆ If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Family Size

You must include all people living in your household, related or unrelated, and their income. You must include yourself and all children who live with you.

Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program:

If you had students enrolled in the Lincoln Public Schools during the previous school year, and you qualified for the Supplemental Nutrition Assistance Program (SNAP) on July 1, the students will automatically be qualified for free meals. **If after July 2, you receive a letter from Nutrition Services, Nebraska Department of Education, you need to submit the letter to the Nutrition Services Department with the Lincoln Public Schools. The adult family member must sign this letter.**

If you have any questions, please call the Lincoln Public Schools Nutrition Services Department at 436-1746.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (Voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sharing Information with Other Programs - Optional

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify.

For the following programs, we must have your permission to share your information. Not all schools offer these programs. Sending in this form will not change whether your children get free or reduced-price meals.

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **After School Snack Program**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Non-School Day Program**

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Kathy Arehart** at **(402) 436-1746**.
Return this form with your Free and Reduced Price Schools Meals Application to:
Nutrition Services Department
5901 "O" Street
Lincoln NE 68510

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals may use their 2009 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses, such as interest on home mortgages, medical expenses, and other similar non-business items are not allowed in reducing gross business income.

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

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

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

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

The required information for determining the allowable income from self-employment is to be taken from the **2009 U.S. Individual Income Tax Return Form 1040**.

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

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

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

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

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

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