

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Kimball School District offers healthy meals every school day. Breakfast costs \$1.90 and lunch costs \$2.65 for grade K-4 and \$2.90 for grades 5-12. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 for breakfast and \$.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 2018-2019			
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 Eileen L Kroupa, Business Manager, 778-6231 or eileen.kroupa@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: Eileen L Kroupa, Business Manager at Kimball School.
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 Eileen L Kroupa, Business Manager, 778-6231 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 or Medicaid is **not** an automatic qualification. 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 Eileen L Kroupa, 778-6231, eileen.kroupa@k12.sd.us, determining official. You also may ask for a hearing by calling or writing to: Thersa West, Board President, 300 N Pine, Kimball 680-4781.
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. 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. 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 the special meals or milk.

If you have other questions or need help, call 778-6231

Sincerely, *Eileen L Kroupa, Business Manager*

2018-2019 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 name of child's school, or "not in school"	If a student, write in the grade	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"/>

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? (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: _____

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

With 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	Public Assistance/Child Support/Alimony	Child Income	How often?	Child Income	How often?
	\$	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	\$	Weekly [] Bi-weekly [] Monthly [] Other []
	\$	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	\$	Weekly [] Bi-weekly [] Monthly [] Other []
	\$	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	\$	Weekly [] Bi-weekly [] Monthly [] Other []
	\$	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	\$	Weekly [] Bi-weekly [] Monthly [] Other []
	\$	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	\$	Weekly [] Bi-weekly [] Monthly [] Other []

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	Public Assistance/Child Support/Alimony	How often?	How often?
	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	Weekly [] Bi-weekly [] Monthly [] Other []
	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	Weekly [] Bi-weekly [] Monthly [] Other []
	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	Weekly [] Bi-weekly [] Monthly [] Other []
	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	Weekly [] Bi-weekly [] Monthly [] Other []
	\$	\$	Weekly [] Bi-weekly [] Monthly [] Other []	Weekly [] Bi-weekly [] Monthly [] Other []

Total Household Members (Children and Adults) _____

Public Assistance/Child Support/Alimony: Yes No

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 income for Children	
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
• Disability Payments	• A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
• Survivor's Benefits	• A friend or extended family member regularly gives a child spending money
• Income from person outside the household	• A child receives regular income from a private pension fund, annuity, or trust
• Income from any other source	

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 children's eligibility for free or reduced price meals. If you do not select a race/ethnicity, one will be selected for you based on visual observation.

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.

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, 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

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: _____ Household Size: _____ Categorical Free Eligibility: (Select 1) _____ Income Eligibility: (Select 1) _____

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

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