



Dear Parent/Guardian:

Your child may be eligible to receive healthy school meals at a reduced price or free. Following are questions and answers about who is eligible and how to apply.

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
<input checked="" type="checkbox"/> Lunch	\$2.05	.40	\$2.30	.40	\$2.30	.40
<input checked="" type="checkbox"/> Breakfast	\$1.50	.30	\$1.50	.30	\$1.50	.30
<input type="checkbox"/> After School Snack						

1. **Do I need to fill out an application for each child?** Use one application for all students in your household. Enter all required information and return the completed application to: **Linda Miller – 1432 N Andover Rd – Andover KS 67002 - Phone 218-4660**
2. **Who can get free meals?** Students in households getting Food Assistance, Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR), can get free meals regardless of your income. Also, students in your household can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals, regardless of income.
4. **Can a homeless, runaway or migrant student get free meals?** If you have not been informed that the student will get free meals, please contact the school's Homeless Liaison or Migrant Coordinator: **Dr. Andy Koenigs Phone 218-4660.**
5. **Who can get reduced price meals?** Students in your household can get reduced price meals if your household income is within the reduced price limits on the Federal Income Eligibility Guidelines (see chart on the back of the application form).
6. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter carefully and follow the instructions. If you have questions, contact the Determining Official: **Linda Miller – 1432 N Andover Rd – Andover KS 67002 – Phone 218-4660**
7. **My child's application was approved last year. Do I need to fill out another one?** Unless the school told you that your child is approved for the new school year, you must send in a new application.
8. **I get WIC. Can my child(ren) get free meals?** Students in households participating in WIC may be eligible for reduced price or free meals. Please fill out an application.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof.
10. **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.
11. **What if I disagree with the school's decision about my application?** Talk to the Determining Official. You may also request a hearing by contacting the Hearing Official: **Tom Ostrander – Phone 218-4660**
12. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for reduced price or free meals.
13. **Who should I include as members of my household?** Include yourself, all children (including foster children) who live with you and all people living in your household, related or not (such as grandparents, other relatives, or friends).
14. **What if my gross income is not always the same?** List the amount that you normally get. For example, if your normal gross income is \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but only if you regularly work overtime.
15. **We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
16. **My spouse is deployed in a combat zone. Is his/her combat pay counted as income?** Combat pay is not counted as income if it is received in addition to basic pay and it wasn't received before deployment.
17. **My family needs more help. Are there other programs for which we can apply?** Contact the Kansas Department of Social and Rehabilitation Services at 1-888-369-4777 or visit [www.srs.ks.gov](http://www.srs.ks.gov).

If you have other questions or need help, call: Linda Miller – Phone 218-4660  
 Si necesita ayuda, por favor llame al teléfono: Linda Miller – Phone 218-4660  
 Si vous voudriez d'aide, contactez nous au numero: Linda Miller – Phone 218-4660  
 For USDA's translated materials, go to <http://www.fns.usda.gov/cnd/FRP/frp.process.htm>.  
 For KSDE's Spanish translations, go to [http://www.kn-eat.org/SNP/SNP\\_Menus/SNP\\_Admin\\_Foreign\\_Language\\_Translations.htm](http://www.kn-eat.org/SNP/SNP_Menus/SNP_Admin_Foreign_Language_Translations.htm).

## How to Apply for Reduced Price or Free School Meals

If your household gets Food Assistance, TAF or FDPIR, follow these instructions:

**Part A:** Enter the following information:

- Each household member's first and last name.
- Each student's school and grade.

**Part B:** List the case number for any household member (including adults) receiving Food Assistance, TAF or FDPIR benefits. A Medicaid number cannot be accepted.

**Part C:** Skip this part.

**Part D:** Sign and date the form. The last four digits of a Social Security number are **not** necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

**If all children in the household are foster children:**

**Part A:** List all foster children and the school name and grade for each child. Check the box indicating the child is a foster child.

**Part B:** Skip this part.

**Part C:** Skip this part.

**Part D:** Sign and date the form. The last four digits of a Social Security number are **not** necessary.

**If some of the children in the household are foster children:**

**Part A:** List **all** household members including foster child(ren).

- Check the box if the child is a foster child.
- Follow procedures below for All Other Households.

**ALL OTHER HOUSEHOLDS**, including WIC households, follow these instructions:

**Part A:** List **all** household members living in your household, related or not (such as grandparents, other relatives, or friends) and the name of each student's school and grade. For any person, including children, with no income, you must check the "Zero Income" box. Attach another sheet of paper if more space is needed.

**Part B:** If the household does not have a case number, skip this part.

**Part C: Report the GROSS income for all household members from last month.** Gross income is the amount earned BEFORE taxes and any other deductions. This is NOT the same as take-home pay. The gross amount should be listed on the pay stub.

- List the **gross income** each household member earned from work and circle the Frequency code that shows how often the income is received.
- List the amount the person got last month from other income including welfare, child support, alimony, retirement pensions, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Circle the Frequency code that shows how often the income is received.
- If the household has **income from self-employment** (such as from a self-owned business, farm or rental income), report net income in the Earnings from Work columns. See the back side of the application form for instructions on reporting self-employment income.
- If the household is in the **Military Housing Privatization Initiative** or gets combat pay, do NOT include these allowances as income.
- Check the box if this person is temporarily not working due to strike, lay-off, injury or short-term disability.

**Part D:** An adult household member must sign and date the form and list the last four digits of their Social Security number or check the box if s/he does not have one.

## 2011-2012 Application for Child Nutrition Program Benefits

**Important! Important!** Carefully follow instructions. An incomplete application cannot be approved. Complete one application per household. Return completed application to school.

A. HOUSEHOLD MEMBERS						C. TOTAL HOUSEHOLD GROSS INCOME BEFORE ANY DEDUCTIONS				
List Names of ALL Household Members		Complete these columns ONLY for Students Enrolled in <Enter Sponsor's Name.>		Check if a Foster Child. Skip to Part D to sign this form if ALL are Foster Children.	Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly				
						Earnings from Work		Other Regular Income		
First Name	Last Name	School Name (or "NA" if child is not in school)	Grade			Amount	Select Frequency	Amount	Select Frequency	
1.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>

**B. BENEFITS -** If any member of your household receives Food Assistance, TAF or FDPIR, provide the name and case number for the person who receives benefits and skip to Part D. If no one receives these benefits, go to Part C.

Name: \_\_\_\_\_ Case Number \_\_\_\_\_

**D. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER -** An adult household member must sign the application. IF PART C IS COMPLETED, the adult signing the form also must list the last four digits of his or her Social Security Number (SSN) or mark the "I do not have a SSN" box. (See Privacy Act Statement on the reverse side of this application.)

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address, \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child (ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X \_\_\_\_\_ Date: \_\_\_\_\_ Last four digits of SSN: \*\*\*-\*\*-\_\_\_\_\_ OR  I do not have a SSN

**FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.**

<p><b>Application Type</b> (check one)</p> <p><input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____</p> <p>Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly</p> <p><input type="checkbox"/> Food Assistance or TAF or FDPIR</p> <p><input type="checkbox"/> Foster Child</p>	<p><b>Application Status</b></p> <p>Approved.....<input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price</p> <p>Temporarily Approved...<input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price Expires On: _____</p> <p>Denied.....<input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Incomplete/missing:</p> <p>Notes: _____</p>
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Determining Official's Signature: _____	Approval/Denial Date: _____	Notification Date: _____
Processor's Initials: _____	Confirming Official's Signature (ONLY for applications to be verified): _____	Review Date: _____

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

Federal Income Eligibility Guidelines					
Household size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
Each additional person:	7,067	589	295	272	136

**Income from Self Employment:** Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report 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 payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	<b>Report yearly income in Part 1, Gross Income Before Any Deductions.</b>

**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 reduced price or free 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 Food Assistance, Temporary Assistance for Families (TAF) 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 reduced price or free 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 to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (866) 632-9992 (Voice). Individuals who are hearing impaired 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.



Waiver of Confidentiality

Dear Parent/Guardian:

You do not have to send in this form to get reduced price or free Child Nutrition Program benefits for your children.

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No, I DO NOT want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs.
Yes, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits with the programs I have checked below.
Textbook Fees / Technology Fees
Transportation
Pay to Participate
All Day Kindergarten

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:

School Official's Name: Linda Miller Phone: 218-4660

Return this form to the address below with your completed application.

Address: Andover USD 385 - Attention Linda Miller - 1432 N Andover Rd - Andover KS 67002

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 to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired 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.

## **Waiver of Confidentiality**

### **Instructions**

Due to confidentiality the enclosed **Waiver of Confidentiality** form must be marked yes and the programs that you want fees waived or reduced for must be checked. All student's names may be included on one form. **Your signature is required.** Print your name and include your mailing address.

The enclosed Waiver of Confidentiality form must be completed and returned to your **child's school** or to the address listed below.

**Andover USD 385**

**Attn: Linda Miller**

**1432 N Andover Rd**

**Andover KS 67002**

If this form is not returned you will be responsible for the following fees:

Textbook Fees/Technology Fees

Transportation Fees

Pay to Participate Fees

All Day Kindergarten fees.