

GODDARD NUTRITION SERVICES – USD 265

201 S. Main, box 249 Goddard, KS 67052

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	2.20	0.40	2.35	0.40	2.45	0.40
<input checked="" type="checkbox"/> Breakfast	1.60	0.30	1.60	0.30	1.60	0.30
<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 (except foster children; see instructions on page 2). Enter all required information and return the completed application to: **Marianne Fenili, 201 S. Main, Box 249 Goddard, KS 67052**
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), and most foster children can get free meals regardless of your income. Also, students in your household can get free meals if your household income is within the free limits on the Federal Income Eligibility Guidelines.
3. **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: **George Tignor, 201 S. Main, Box 249 Goddard, KS 67052 316-794-4000.**
4. **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).
5. **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: **Marianne Fenili, 201 S. Main, Box 249 Goddard, KS 67052 316-794-4201**
6. **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.
7. **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.
8. **Will the information I give be checked?** Yes, we may ask you to send written proof.
9. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year.
10. **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: **Doug Maxwell, 201 S. Main Box 249 Goddard, KS 67052 316-794-4000**
11. **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.
12. **Who should I include as members of my household?**
Include yourself, all children who live with you and all people living in your household, related or not (such as grandparents, other relatives, or friends).
13. **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.
14. **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.
15. **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.
16. **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.

If you have other questions or need help, call: 316-794-4201

Si necesita ayuda, por favor llame al teléfono: 316-794-4201

Si vous voudriez d'aide, contactez nous au numero: 316-794-4201

How to Apply for Reduced Price or Free School Meals

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

Part A: Use a separate application for each foster child.

- Check the box on line 1.
- Enter the student's first and last name, school and grade.
- If the student has zero personal use income, check the zero income box.
- If the student has personal use income, enter the amount and circle the Frequency code that shows how often the income is received.

Part B: Sign and date the form. A Social Security number is not necessary.

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.
- Food Assistance, TAF or FDPIR case number for any household member receiving benefits. A Medicaid number cannot be accepted.

Part B: Sign and date the form. A Social Security number is not necessary.

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

Part A: Report the names and 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.

- **Students:**
 - Enter the student's first and last name, school and grade.
 - Check the zero income box if the student has **no income**.
 - If the student has income, record the amount in the column that best describes the source of the income (i.e. Earnings from Work or Other Regular Income) and circle the Frequency code that shows how often the income is received.
- **All Other Household Members:**
 - List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). Include yourself and all children living with you who are not already listed as students. Attach another sheet of paper if more space is needed.
 - Check the zero income box if the person has **no income**.
 - List the **gross income** the person 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 (less than 60 days) not working due to strike, lay-off, injury or short-term disability.

Part B: An adult household member must sign the form and list his or her Social Security number or write "NONE" if he or she does not have one.

2010-2011 Application for Child Nutrition Program Benefits

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

A. HOUSEHOLD MEMBERS							GROSS INCOME BEFORE ANY DEDUCTIONS				
Check if Foster Child	List Names of ALL Household Members		Complete these columns ONLY for students enrolled in USD 265-Goddard Schools			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				Check if TEMPORARILY not working due to strike, lay-off, injury or short-term disability.
	First Name	Last Name	School Name	Grade	Food Assistance, TAF or FDPIR Case Number		Earnings from Work		Other Regular Income		
							Amount	Circle Frequency	Amount	Circle 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"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
3.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
4.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
5.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
6.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
7.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
8.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
9.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
10.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>

B. ADULT HOUSEHOLD MEMBER INFORMATION – Refer to the 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 _____ Social Security Number (SSN) _____ OR write NONE if you have no SSN Date _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

<p>Application Type (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 – Annual personal use income: \$ _____</p>	<p>Application Status</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	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional person:	6,919	577	289	267	134

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	\$ _____	Report yearly income in Part 1, Gross Income Before Any Deductions.

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 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 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 Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.