HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, <u>even if your children attend more than one school in Independence School District.</u> The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Independence School District at 816-521-5371.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending any school within the Independence School District, regardless of age.

List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

Building name/Grade. If child is a student, list building name and grade.

Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

If no one in your household participates in any of the above listed programs:

Leave STEP 2 blank and go to STEP 3.

If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636.
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - O Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:

field on the application.

- o People who live with you but are not supported by your household's income AND do not contribute income to your household.
- o Infants, Children and students already listed in **STEP 1.**

List adult household members' names.
Print the name of each household member
in the boxes marked "Names of Adult
Household Members (First and Last)." Do
not list any household members you listed
in STEP 1. If a child listed in STEP 1 has
income, follow the instructions in STEP 3,
part A.

Report income from pensions/retirement/all other income.
Report all income that applies in the "Pensions/Retirement/ All Other Income"

Report earnings from work. Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

<u>, , , , , , , , , , , , , , , , , , , </u>
Provide your contact information. Write your current
address in the fields provided if this information is
available. If you have no permanent address, this does not
make your children ineligible for free or reduced price
school meals. Sharing a phone number, email address, or
both is optional, but helps us reach you quickly if we need
to contact you.

Print and sign your name and write today's date.
Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Mail Completed Form to: Nutrition Services, 14001 East 32nd Street South, Independence, MO 64055-2506 Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

2022-2023 Application for Free and Reduced Price School Meals

Apply On-Line at: http://www.myschoolapps.com

Complete one application per household. Please use a pen (not a pencil).

Date Received by LEA (LEA use only)

ST	E	Р	ľ
----	---	---	---

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 First Name	MI	Cł	nild's Last Na	me							В	uilding N	ame		Foster	Homeless, Migrant,
Definition of Household															Grade	Child	Runaway
Member: "Anyone who is living with you and shares																	
income and expenses,												╣					\equiv
even if not related." Children in Foster care																	
and children who meet the	>				ÌП			T				7 F					一
definition of Homeless , Migrant or Runaway are																	
eligible for free meals. Read																	
How to Apply for Free and Reduced Price School									<u> </u>			<u> </u>					\sqsubseteq
Meals for more information.																	
/																	
STEP 2 Do any H	Household Members (including you) c	urrently participate in	on	e or more of	the f	ollowir	ng assist	ance p	rogr	ams	: SNA	P, TA	NF, or F	DPIR? Circ	de one: Yes	s / No	
Kyou array NO . Co.	mplete STEP 3. If you answered YES > Write a	case number here then go	. +0. 5	STED 4 (Do not a	omple	to STEE	2) Casa I	li mala a m						144.54			
ir you answered NO > Co	mplete STEP 3. If you allowered TES > Write a	r case number here then go	103	51EF 4 (D0 1101 C	omple	ile STE	Case I	vumber:						- — VVrite o	only one case nur	nber in th	is space
STEP 3 Report I	ncome for ALL Household Members	(Skip this step if you ar	iswe	ered 'Yes' to S ⁻	ГЕР 2	?)											
	A. Child Income								Child i	income	г		How often?				
Are you unsure what	Sometimes children in the household earn inco	me. Please include the TO	ΓAL	gross income ea	rned b	y all chil	dren listed	in 💲 🗆	Or mid i	11001110	, 	Weekly	Bi-Weekly 2x Mo	onth Monthly			
income to include here?	STEP 1 here.							Ψ				\bigcirc					
Flip the page and review	B. All Adult Household Members (inclu	uding yourself)						_									
the charts titled "Sources of Income" for more	List all Household Members not listed in STEP 1																
information.	each source in whole dollars (no cents) only. If the	ey do not receive income fro	m an	ny source, write '0	'. If you	ı enter '0	or leave a	ny fields		-		ying (p	romising) the	at there is no i	•		
The "Sources of Income				How often?	_	Public A	Assistance/			w often?		_	Pensions	/Retirement/	How ofte		
for Children" chart will	Name of Adult Household Members (First and Last)	Earnings from Work Weekly	Bi-We	eekly 2x Month Month	<u>'</u>	. Child S	upport/Alimon	Weekly	Bi-Wee	ekly 2x	Month Mor	thly	All Other	1 \	eekly Bi-Weekly 2	2x Month	/lonthly
help you with the Child		•			'	•		$\parallel \bigcirc$) () (Ψ		\bigcirc	\bigcirc	\bigcirc
Income section.		\$			┧ ;	\$ 💳			$\overline{}$			\exists	\$				\equiv
The "Sources of Income			() (\mathcal{I})			\bigcirc	\bigcirc	\cup
for Adults" chart will help you with the All Adult		\$			<u> </u>	\$						$\overline{1}$	\$		$\overline{\bigcirc}$	$\overline{\bigcirc}$	$\overline{\Box}$
Household Members									$\overline{}$						\cup	$\overline{\bigcirc}$	\subseteq
section.	Total Household Members	Last four digit of	So	cial Security	y Nu	mber	(SSN)	of	Γ,	хх	(X	X	\mathbf{x}		Check if no	SSN [7
]	(Children and Adults)	primary wage ear	ne	r or other a	dult	house	ehold m	embe	r. Ľ	<u>^ ^</u>	`\^		``Ш			L	
			-														
STEP 4 Contact	information and adult signature	Mail Completed Forn	ı To	: Nutrition So	ervic	es, 140	01 East 3	32 nd St	reet	Sout	th, Ind	epen	dence, N	10 64055-2	2506		
	on on this application is true and that all income is reporte		ion is	given in connection	with th	e receipt	of Federal fur	ids, and th	nat sch	ool offi	cials may	verify ((check) the inf	formation. I am a	aware that if I pu	rposely (jive
aise information, my children may i	lose meal benefits, and I may be prosecuted under applicat	ole State and Federal laws.							7 [$\overline{}$
Street Address (if available)	Apt#	City		Stat	е	Zi	р		Da	aytime	Phone	and En	nail (optional)			
Printed name of adult comple	eting the form	Signature of adult complet	ina ti	he form					l ∟ To	oday's	date						
	THIS SECTION. THIS IS FOR SCHOOL US		.9 "							, 5							
	VERSION: WEEKLY X 52, EVERY 2 WEE		NTH	I X 24, MONTI	ILY X	12 (US	E ONLY	F MUL	TIPLI	E FR	EQUE	NCY)					
	ry Assistance Household size:	Total income:						_ Per:	⊒We			•		wice a Mont	h Month	□Yea	ar
Eligibility: □Free □Redu											ite with						_
	es No (Optional-See FAQs) Determining Official	l's Signature:								Date	Approve	d/Denie					_
Confirming Official's Sign	nature (For verification purposes only):												Da	ate:			

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

Sources of Income for Adults						
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income				
 Salary, wages, cash bonuses Net income from self- employment (farm or business) 	Unemployment benefits Worker's compensation Supplemental Security Income (SSI)	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates				
If you are in the U.S. Military:	- Cash assistance from State or local government	- Annuities - Investment income				
Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing	Alimony paymentsChild support paymentsVeteran's benefitsStrike benefits	Earned interest Rental income Regular cash payments from outside household				

OPTIONAL

Children's Racial and Ethnic Identities

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 ethnicity/race is not selected, a visual identification will be determined.
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

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.