## 2021-2022 Application for Free and Reduced Price School Meals

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

Date Received by LEA (LEA use only)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, STEP1 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 arctific street of paper) Child's First Name \*\*\* Child's Last Name **Building Name** 

Children in Foster care and children who meet the definition of Homeless, Magrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information even if not related." If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Gircle one: Yes I No Write only one case number in this space Grade Homeles, Fosier Migrati, Chie Ruraway

STEP 2

SI≌P3 Reporti	Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)	ou aiswered Yes to STEP 2)
	A. Child Income	TOWNS THE RESERVE TO THE PROPERTY OF THE PROPE
Are you unsure what	Sometimes children in the household earn moome. Please include the TOTAL gross income earned by all children listed in	re TOTAL gross income earned by all children listed in
income to include here?		
Flip the page and review	B. All Adult Household Members (including yourself)	
	List all Household Members not listed in STEP 1 (including yourself) ev	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 gross income (hefore taxes) for
information	each source in whole dollars (no cents) only. If they do not receive inco	each source in whole dollars (no cents) 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.
		How other? Public Acceptance Stow other?
for Children" chart will	Name of Adult Household Members (First and Last) Earnings from Work	Earnings from Work   Weets  E-Weets  2x storts   Months   Child Support/Almany   Weets  E-Weets  2x storts   Months   Mo
hep you with the Child /	}	
The "Sources of Income	**************************************	
for Adults" chart will help	***************************************	
Household Members	4	
	Total Household Members Last four digit (Children and Adults)	Last four digit of Social Security Number (SSN) of   Y Y Y Y   Y   Y   Checkifino SSN
	pillialy wage	
STEP 4 Cuntact	Contact information and adult signature, Med Completed Some Techniques volumes appointment	
	Complete Complete	HOTTE 10: IUSER 17 JUR SCHOOL/DISTRICT MAILING ADDRESS HERE

	Date				Continuing Unicials Signature (For vertication purposes only):	Gummo
	Date Approved/Denied:				Determining Official's Signature.	Determinin
	Date withdrawn:				Ligibility. Litree Likeduced Libenied Reason:	Eligibility: L
a Month DMonth DYear	Per DWeek DEvery 2 Weeks DTwice a Month DMonth DYear	Z (USE ONLY IF MULTI	H X 24, MUN HHLY X 1	Total income:	Total income:	Trood Sta
				EOMPA SAME	ANNIAL INCOME CONVERGOR MEETING THIS IS FOR SCHOOL USE ONLY.	ON OR
	Today's date		the form	Signature of adult completing the form	Fined have of addit completing the form	Finaled mains
•						
	Daytime Phone and Email (optional)	Zip	State	City	favalable) Apt#	Street Address (if available)
			······································			
. I am aware that if I purposely give false	if funds, and that school officials may verify (check) the information, I am aware that if I purposely give false	spt of Federal funds, and that su	कुंग्डम से टागान्टरॉक भर्मी किन स्टट	I understand that this information is and Federal laws."	*i certify (promise) that all information, on this application is true and that all income is reported. I understand that it is information is given in connection with the receipt of Federal information, my children may have meal benefits, and I may be prosecuted under applicable. State and Federal laws."	"i certify (promise information, mw.c

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#### INSTRUCTIONS Sources of Income

Sources of Child Income	Example(s)
- Earnings from work when	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Disability Payments - A Payments - A Payments - A Payments	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
- Income from person outside the household regul	<ul> <li>A friend or extended family member regularly gives a child spending</li> </ul>
- Income from any other source - A cl	- A child receives regular income from a private pension fund, annuity, or trust

7	S	Sources of Income for Adults	ts
e(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
or part-time job or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad
d and receives Social	employment (farm or business)	<ul> <li>- worker's compensation</li> <li>- Supplemental Security Income</li> </ul>	- Private pensions or disability
ed, or deceased, and security benefits	If you are in the U.S. Military:	<ul> <li>Cash assistance from State or local government</li> </ul>	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> </ul>
nily member ending	<ul> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized</li> </ul>	<ul> <li>Alimony payments</li> <li>Child support payments</li> </ul>	<ul> <li>Investment income</li> <li>Earned interest</li> </ul>
income from muity, or trust	- Allowances for off-base housing, food and dothing	- Strike benefits	- Regular cash payments from outside household

#### PTIONAL Children's Racial and Ethnic Identities

determined 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 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.

Race (check one or more): 
American Indian or Alaskan Native 
Asian 
Black or African American 
Native Hawaiian or Other Pacific Islander 
White Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

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: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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;

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- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

to do next, please contact Esther DeGraff, 660-827-3800, edegraff@gogremlins.com. 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 your children attend more than one school in Sacred Heart School. The application must be filled out completely to certify your children for free or reduced price 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, even if

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 Sacred Heart School, regardless of age.

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

> grade. a student, list building name and Building name/Grade. If child is are foster children, mark the "Foster Child" box next members of your household and should be listed on Foster children who live with you may count as to the child's name. If you are ONLY applying for Do you have any foster children? If any children listed foster children, after finishing STEP 1, go to STEP 4.

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

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

your application. If you are applying for both foster

and non-foster children, go to step 3

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)

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

Leave STEP 2 blank and go to STEP 3.

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

- 373-4636. participate in one of these programs and do not know your case number, contact: State number 1-855. Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you
- 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
- 0 Gross income is the total income received before taxes
- 0 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.

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. 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

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

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

in STEP 1 If a child listed in STEP 1 has

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

> Report earnings from work. Report all total gross income from employed business or farm owner, you will report your net income. 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-

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

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

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

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

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

Provide your contact information. Write your current 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. 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 Mail Completed

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

> and write today's date. "Signature of adult." that person signs in the box Print the name of the adult Print and sign your name signing the application and W.3", Sedalia, MO Heart School, 416 Form to: Sacred

> > not affect your children's eligibility for free or reduced price back of the application, we ask you to share information about Share children's racial and ethnic identities (optional). On the your children's race and ethnicity. This field is optional and does

Income Eligibility Guidelines (Effective July 1, 2021 through June 30, 2022)

	·	FR	EE MEALS - 13	0%			REDUCED PRICE MEALS - 185%				
Household Size	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	
1	\$16,744	\$1,396	\$322	\$644	\$698	\$23,828	\$1,986	\$459	\$917	\$993	
2	22,646	1,888	436	871	944	32,227	2,686	620	1,240	1,343	
3	28,548	2,379	549	1,098	1,190	40,626	3,386	782	1,563	1,693	
4	34,450	2,871	663	1,325	1,436	49,025	4,086	943	1,886	2,043	
5	40,352	3,363	776	1,552	1,682	57,424	4,786	1,105	2,209	2,393	
6	46,254	3,855	890	1,779	1,928	65,823	5,486	1,266	2,532	2,743	
7 .	52,156	4,347	1,003	2,006	2,174	74,222	6,186	1,428	2,855	3,093	
8	58,058	4,839	1,117	2,233	2,420	82,621	6,886	1,589	3,178	3,443	
For each add'l person, add	+ 5,902	+ 492	+ 114	+ 227	+ 246	+ 8,399	+ 700	+ 162	+ 324	+ 350	