

Ashland-Greenwood Public Schools
1842 Furnas Street
Ashland, NE 68003

Dear Parent/Guardian:

Children need healthy meals to learn. Ashland-Greenwood Public Schools offers healthy meals every school day. Breakfast costs \$1.60; lunch costs \$2.45 for elementary students and \$2.65 for middle school/high school students. Your children may qualify for free or reduced price meals. Reduced price is .30 cents for breakfast and .40 cents for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **September 30, 2015** in order to avoid an interruption in meal benefits.

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 the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) 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.

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 Ashland-Greenwood District Office at 402-944-2128.

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 Return the completed application to: your child(ren)'s school or Ashland-Greenwood Public Schools, District Office, 1842 Furnas Street, Ashland, NE 68003.

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 402-944-2128.

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. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. 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. You also may ask for a hearing by calling or writing to: Carrie Holz, 1842 Furnas Street, Ashland NE 68003, 402-944-2128.
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 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.
13. 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, or receive Family Subsistence Supplemental Allowance payments, 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. Any additional combat pay resulting from deployment is also excluded from income.
14. 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. Contact your child's school to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, please go online to ACCESSNebraska.ne.gov or call 1-800-383-4278.

If you have other questions or need help, call 402-944-2128

Instructions for Completing the Free & Reduced Price School Meals Family Application

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1:** List each child's name, the school they attend and their grade.
- Part 2:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number do not need to be reported.
- Part 5:** Answer this question if you choose to.

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

If all children in the household are foster children:

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number do not need to be reported.
- Part 5:** Answer this question if you choose to.

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

- Part 1:** List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.
- Part 2:** If the household does not have a Master Case Number, skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
 - Column 1 – Household Names:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.
 - Column 2 - Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work: For earnings, be sure to list the **gross income**, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your boss can tell you. List salary, wages, cash bonuses and strike benefits. For individuals who are self-employed, report income after expenses from business, farm or rental property. If you are in the military, list basic pay, cash bonuses, allowances for off-base housing, food and clothing. Do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances. Finally, **do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.

Public Assistance/Child Support/Alimony: list unemployment benefits, worker's compensation, Supplemental Security Income (SSI), cash assistance from state or local government, Veteran's benefits (VA benefits), child support payments and alimony payments.

Pensions/Retirement/All Other Income: list Social Security payments (including railroad retirement and black lung benefits), private pensions or disability, income from trusts or estates, annuities, investment income, earned interest, rental income and *regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number OR mark the box if he/she doesn't have one.

Part 5: Answer this question if you choose to.

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

Part 1: List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.

Part 2: If the household does not have a Master Case Number, skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1 – Household Names: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses.

Attach another sheet of paper if necessary.

Column 2 - Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work: For earnings, be sure to list the **gross income**, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your boss can tell you. List salary, wages, cash bonuses and strike benefits. For individuals who are self-employed, report income after expenses from business, farm or rental property. If you are in the military, list basic pay, cash bonuses, allowances for off-base housing, food and clothing. Do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances. Finally, **do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.

Public Assistance/Child Support/Alimony: list unemployment benefits, worker's compensation, Supplemental Security Income (SSI), cash assistance from state or local government, Veteran's benefits (VA benefits), child support payments and alimony payments.

Pensions/Retirement/All Other Income: list Social Security payments (including railroad retirement and black lung benefits), private pensions or disability, income from trusts or estates, annuities, investment income, earned interest, rental income and *regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number OR mark the box if he/she doesn't have one.

Part 5: Answer this question if you choose to.

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

FEDERAL INCOME CHART					
for School Year 2015-16					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each additional person:	7,696	642	321	296	148

Use of Information 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 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 are 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing 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.

As stated above, all protected bases do not apply to all programs. The first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for all applicants and recipients of the Child Nutrition Programs.

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Part 2: SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:
 (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income - You must tell us how much and how often.

1. Household Names List everyone in the household, the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Part 4: Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box (See Use of Information Statement on page 2).
"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."

Sign here: _____ Print name: _____ Date: _____
 Address (if available): _____ Zip: _____ Phone: _____
 Social Security Number (last 4 digits): XXX – XXX- _____ I do not have a Social Security Number

Part 5: Children's Ethnic and Racial Identities (Optional)

Mark one Ethnic Identity: -- and -- **Mark one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out This Part - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size: _____ Free Date Withdrawn from School: _____
 Total Income: _____ per _____ Reduced
 Year Month 2 X Mo. Every 2 Wks Week Denied Reason for denial:
 Income too high Incomplete Application

Categorically Eligible: SNAP/TANF/FDPIR
 Foster Child

Signature of Determining Official: _____ Date approved: _____
 Signature of Confirming Official: _____ Date confirmed: _____
 (verification only)

SHARING INFORMATION WITH OTHER PROGRAMS ASHLAND-GREENWOOD PUBLIC SCHOOLS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify.

For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with appropriate school officials for purposes of the student fee waiver program.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the Ashland Ministerial Assn for programs for students.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with VFW Toys for Tots programs for students
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Back-to-School Backpack Program for students.

If you checked yes to any of the boxes above, fill out the form below.

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information on the student fee waiver program or other programs that your child may benefit from, you may call the building principal at your child's school.

This form may be returned with your application or may be returned at a later date. Your student will not be eligible, however, for benefits of the student waiver program until this application is filed. The district will not reimburse for fees paid prior to the filing of this application.