RETURN WITH YOUR YOUNGEST CHILD TO THEIR SCHOOL

FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS 2010-2011

5/00 FOR HELP SEE INSTRUCTIONS ON THE BACK OF APPLICATION

Part 1. Children (Use a separate application for each foster child) Names of all students in Tupeto Public Tupelo Public School Name Grade SNAP/TANF/FDPIR case # (if any). Sklp school (Last, First, Middle Initial) to Part 5 if you list SNAP or TANF case #. Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Dale Warriner 841-8945. Homeless□ Migrant □ Runaway □ Part 3. Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ Skip to Part 5. Part 4. Total Household Gross income—You must tell us how much and how often 2. Last month's gross income and how often it was received (First and second jobs) Check If NO Income Example: \$100 per month \$100 twice per month \$100 every two weeks \$100 per week (List everyone in household) HOW MUCH AND HOW OFTEN IS REQUIRED TO PROCESS APPLICATION. IF NO INCOME, CHECK BOX IN COLUMN 3. (Last Name, First Name, MI) Welfare, child support, Pensions, retirement, All Other Income Earnings from work Social Security Sources before deductions х alimony ner (Example) Smith, Jane E. \$200 per week \$150 per week \$100 per month \$ per \$ рег \$ per \$ per \$ рег \$ per S \$ per per \$ рег \$ рег \$ \$ \$ \$ ner per per per \$ per S ner \$ per per \$ \$ per рег \$ per per \$ \$ рег per \$ \$ per Part 5. Signature and Social Security Number (Adult must sign in order to process your application) An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on this page.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school/ center will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. Sign here: X Print name: Address Phone Number: Social Security Number I do not have a Social Security Number New Meal Prices: PK -\$1.65 K-6 - \$2.00 7-12 \$2.25 (See back page, "LETTER TO HOUSEHOLDS") Part 6. Children's racial and ethnic identities (optional) Mark one or more racial identities: Mark one ethnic identity: American Indian or Alaska Native ☐ Hispanic or Latino White ☐ Native Hawaiian or Other Pacific Islander☐ Not Hispanic or Latino ☐ Black or African American ☐ Other 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 free or reduced price 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 Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program or 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 funch 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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. Don't fill out this part. This is for school/organization use only Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12 Total Income: Per _Week, _ _Every 2 Weeks, _ Twice a Month, Year Household Size : Month, Categorical Eligibility: Date Withdrawn: Eligibility: Free Reduced Denied Reason: Temporary: Free Reduced Time Period: (expires after Determining Official's Signature: Date Confirming Official's Signature: Date Follow-up Official's Signature: Date:

If your household gets SNAP OR TANF OR FDPIR, follow these instructions:

Part 1: List child(ren)'s name, name of school/center or DCH provider, grade, and a SNAP or TANF or FDPIR

Part 2: Skip this part. Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If the child you are applying for is HOMELESS, MIGRANT, or RUNAWAY, check the appropriate box ant 841-8945 Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

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

Part 1: Use a separate application for each foster child. List the child's name, name of school/center or DCI

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

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

Part 1: List child(ren)'s name, name of school/center or DCH provider, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part

Part 4: Follow these instructions to report total household income from last month.

Column 1-Name: List the last and first name of each person living in your household, related or not (such as g friends), whether they get income or not. You must include yourself and all children living with you. Attach anot

Column 2 – List gross income for last month and how often it was received. Next to each person's name list ea month, and how often it was received. For example, Earnings from work: List the gross income each person ea same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount sour boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a Military Housing Privatization Initiative do not include this housing allowance. All other income: List the amount other sources.

[NCOME TO REPORT]

Earnings from Work

Welfare/Child Support/Alimony

Pensions/Retirement/Social Securi-

Wages/Salaries/Tips Strike Benefits Public Assistance Payments
Welfere Payments

Pensions Supplemental Security Income (SSI)

Workers Compensation Unemployment Compensation Net Income from Self-Owned Welfare Payments Alimony/Child Support Payments

Retirement Income
Veterans (VA) Benefits
Social Security

Business or Farm Net Royalties/Annuities/Net

Rental Income Any Other Income

Column 3-Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the

Part 6: Answer this question if you choose to.

LETTER TO HOUSEHOLDS (MULTI-CHILD MEALS) (PRICING PROGRAM)

Dear Parent/Guardian:

Children need healthy meals to learn. The Tupelo Public School District offers healthy meals every school day. Lunc K-6 \$2.00 and Grades 7-12 \$2.25; breakfast costs are \$1.00. Your children may qualify for free meals or for reduc \$.40 for lunch and \$.30 for breakfast. All meals served must meet patterns established by the U. S. Department of A been determined by a doctor to be disabled and the disability would prevent the child from eating the regular so make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the measubstitutions because of a disability, please get in touch with us for further information. The amount of reimbursemals determined by the income of the household or whether your child qualifies as categorically elicible.

- Is determined by the income of the household or whether your child qualifies as categorically eligible.

 1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduc Application for Free and Reduced Price Meals for all students/children in your household. We cannot approve an at be sure to fill out all required information. Return the completed application to your child's school. We sugn youngest child. If you need help, call 840-1857.
- 2. Who can get free meals? Children in households getting SNAP or TANF or FDPIR and most foster children of your income. Also, your children can get free price meals if your household Income is within the free limits on the F
- Can homeless, runaway and migrant children get free meals? Please call Dale Warriner at 841-8945 to se have not been informed that they will get free meals.
- 4. Who can get reduced price meals? Your children can get low cost meals if your household income is within Federal Income Chart, shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free c read the letter you got carefully and follow the instructions. Call the School Nutrition Office at 840-1857 if you have qu
- 6. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for fre fill out an application.
- 7. Will the information I give be checked? Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your house down, or if you start getting SNAP, TANF, FDPIR, or other benefits. If you lose your job, your children may be ϵ means
- 9. What if I disagree with the school's decision about my application? You should talk to school officials. Yo calling or writing to: Dr. Randy Shaver, P. O. Box 557, Tupelo, MS 38802, 841-8850.
- 10. 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 or reduced price meals.
- 11. Who should I include as members of my household? You must include all people living in your household, re grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 12. What if my Income is not always the same? List the amount that you normally get. For example, if you norr you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get of get it only sometimes.
- 13. We are in the military, do we include our housing allowance as income? If your housing is part of the Militar do not include your housing allowance as income. All other allowances must be included in your gross income.

Your child(ren) may qualify for free or reduced price meals if your household income falls within the limits in this chart.

If you have other questions or need help, call 840-1857.
Si necesita ayunda, por favor llame al telefono 840-1857.
Si yous youdfiez d'aide, confactez nous au numero 840-1857.

Randy Shaver, Ed. D. Superintendent of Education