

**PUBLIC RELEASE**

**August, 2016**

**Polo R-VII School** announced its revised free and reduced price policy for school children unable to pay the full price of meals served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$15,444	\$1,287	\$297	\$21,978	\$1,832	\$423
2	20,826	1,736	401	29,637	2,470	570
3	26,208	2,184	504	37,296	3,108	718
4	31,590	2,633	608	44,955	3,747	865
5	36,972	3,081	711	52,614	4,385	1,012
6	42,354	3,530	815	60,273	5,023	1,160
7	47,749	3,980	919	67,951	5,663	1,307
8	53,157	4,430	1,023	75,647	6,304	1,455
Each add'l member	+ 5,408	+ 451	+ 104	+ 7,696	+642	+ 148

Children from families whose current income is at or below those shown are eligible for free or reduced price meals. Applications are available at the school office. To apply, fill out a Free and Reduced Price School Meals Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or Food Stamp/TANF case number, (2) names of all household members, and (3) the signature and last four digits of social security number or indication of no social security number of adult household member signing the application. School officials may verify current income at any time during the school year.

Foster children may be eligible regardless of the income of the household with whom they reside.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Households will be notified of their children's eligibility status for free or reduced price meals. If any children were not listed on the eligibility notice for families receiving SNAP, TANF or FDPIR, the household should contact the school to have free meal benefits extended to those children.

If any child(ren) was not listed on the eligibility notice, the household should contact the LEA or school to have free meal benefits extended to that child(ren).

Under the provisions of the policy, the **Building Principal** will review the applications and determine eligibility. If a parent is dissatisfied with the ruling of the determining official, they may wish to discuss the decision with the hearing official on an informal basis or he/she may make a request either orally or in writing to the **Superintendent**. Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.

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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](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 (566) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# 2016-2017 Application for Free and Reduced Price School Meals

Attachment E

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

Date Received by LEA (LEA use only)

## STEP 1

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	Child's Last Name	Building Name	Grade	Foster Child

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

## STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

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: \_\_\_\_\_

Write only one case number in this space

## STEP 3

Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2)

**A. Child Income**  
 Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income	Child Income
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

**B. All Adult Household Members (including yourself)**  
 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 not receive income, report gross income for each source in whole dollars 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.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income	Child Income	How often?
	\$ _____	\$ _____	\$ _____	\$ _____	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Monthly <input type="radio"/> Monthly <input type="radio"/>
	\$ _____	\$ _____	\$ _____	\$ _____	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Monthly <input type="radio"/> Monthly <input type="radio"/>
	\$ _____	\$ _____	\$ _____	\$ _____	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Monthly <input type="radio"/> Monthly <input type="radio"/>

Total Household Members (Children and Adults) \_\_\_\_\_

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member.  
 \_\_\_\_\_ X X X X

Check if no SSN

## STEP 4

Contact information and adult signature

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.\*

Street Address (if available) \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult completing the form \_\_\_\_\_ Signature of adult completing the form \_\_\_\_\_

Today's date \_\_\_\_\_

**DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.**  
 ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)  
 Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a Month  Month  Year  
 Determining Official's Signature: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_  
 Confirming Official's Signature (For verification purposes only): \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_