

2010-2011 APPLICATION FOR FREE OR REDUCED MEALS (Please Print)

**Nutrition Services Department
Lincoln Public Schools**

2010-11 Lincoln Public Schools Free and Reduced Price School Meal Application

Part 1: Children in School (Must fill out a separate application for each foster child.)

Names of all Children in School (First, Middle Initial, Last)	Name of School	Grade

Part 1a: 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 2: Foster Child/Institutionalized Child

Check this box if application is for a foster child or a child who is residing in an institution. List the amount of the child's personal use monthly income: \$ _____. If there is no income, record "0". Skip to Part 4.

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

1. Name List everyone in household <u>and</u> the income each earns <u>or</u> check the box at the right if they have no income	2. Gross Income and how often it was received								3. Check if NO income	
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income (Self Employment)			
	Income	How often	Income	How often	Income	How often	Income	How often		
										<input type="checkbox"/>
										<input type="checkbox"/>
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										<input type="checkbox"/>
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										<input type="checkbox"/>
										<input type="checkbox"/>

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 also list his/her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school 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: _____ Print name: _____
Address: _____ Zip _____ Phone Number: _____
Social Security Number: _____ I do not have a Social Security Number

Part 5: Children's Racial and Ethnic 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 Alaska 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 **Family Number:** _____

Total Income \$ _____ per _____

Year Month 2 X Mo. Every 2 Wks Week Reduced Temporary Approval for Zero Income Until: _____

SNAP (formerly Food Stamps)/FDPIR/TANF Denied Reason for Denial: _____ Results of Follow-up (45 days or less): _____

Foster/Institutionalized Child Income too high Incomplete App. Date Withdrawn from School: _____

Signature of Determining Official _____ Date Approved: _____

Signature of Confirming Official (Verification only) _____ Date Confirmed: _____

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Return Application To:

Youngest/only child's school or the Lincoln Public Schools District Office, Nutrition Services Department, 5901 'O' Street, Lincoln, NE 68510-2235.

For Assistance Completing This Form, Contact:

Nutrition Services Department, 5901 O Street, Lincoln, NE 68510-2235
Kathy Arehart at (402) 436-1746

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 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.

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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Instructions for Completing the Free and Reduced Priced School Meals Application

If your household receives benefits from the Supplemental Nutrition Assistance program (SNAP), formerly FOOD STAMP Program, or receives TANF, follow these instructions:

- Part 1:** List child(ren)'s name, school, and grade
Part 1a: Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

If you are applying for a FOSTER CHILD or an institutionalized child, follow these instructions:

- Part 1:** Use a separate application for each foster or institutionalized child. List the child's name, school, and grade.
Part 1a: Skip this part.
Part 2: Check the box and list the child's personal use monthly income or zero if none.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

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

- Part 1:** List each child's name, school and grade.
Part 1a: Skip this part.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column) and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column 3–Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 5: Answer this question if you choose to.

COMPUTING INCOME FOR SELF-EMPLOYED PERSONS

Individuals who are self-employed or engaged in farming may experience variations in cash flow and not easily report a monthly income. These persons may use their 2009 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses, such as interest on home mortgages, medical expenses, and other similar non-business items are not allowed in reducing gross business income.

USDA has announced that **losses** (negative numbers) on the lines listed below can be used to determine the **total** income for this attachment. If the total income is a negative number, it must then be recorded as zero on the application in the category labeled “All other income.”

Zero income resulting from the use of Form 1040 does not require follow-up.

Please note: Line 7 cannot be reported as current income. Income from wages or salaries must be reported on the application for the most recent month.

Lines 22 (total income) and lines 37 (adjusted gross income) may not be used for purposes of applying for free and reduced price meals.

The required information for determining the allowable income from self-employment is to be taken from the **2009 U.S. Individual Income Tax Return Form 1040.**

Line 12, Business Income (or loss) _____

Line 13, Capital Gain (or loss) _____

Line 14, Other Gains (or losses) _____

Line 17, Rental Real Estate, etc. _____

Line 18, Farm Income (or loss) _____

NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.

This attachment is used only to report income from self-employment and/or farming.

Total of above lines: _____ **equals Annual Self-Employed Income***

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the application.

* This figure is to be reported on the application under “All Other Income.”