

2009-2010 APPLICATION FOR FREE OR REDUCED MEALS (Please Print)
Nutrition Services Department
Lincoln Public Schools

Family # _____

INSTRUCTIONS: To apply for free and reduced meals for your children, fill out this form. List **ALL** students attending Lincoln Public Schools and **his/her income**.

Below under additional household members, list **everyone residing in your household, related or unrelated and his/her income**.

SNAP/TANF/FDPIR: If your household receives benefits from the **Supplemental Nutrition Assistance Program (SNAP)**, formerly the Food Stamp Program, or FDPIR TANF, follow these instructions: Complete **1, 2, 4** and **5** or submit a letter from the Department of Health & Human Services.

FOSTER CHILD/INSTITUTIONALIZED CHILD: If completing for a **foster child/institutionalized child**, complete **3** and **4** only. **“ONE APPLICATION FORM PER CHILD.”**

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

1 LIST ALL STUDENTS ATTENDING LINCOLN PUBLIC SCHOOLS RESIDING IN YOUR HOUSEHOLD.

Student Name (Last, First)	Grade	Birthdate	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5 Complete ONLY if your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, or gets TANF, or FDPIR. SNAP/TANF/FDPIR CASE NO. [DO NOT LIST 16 DIGIT EBT (debit card no.)]

2 ADDITIONAL HOUSEHOLD MEMBERS: List everyone in household and the income each earns or check the box at the right if they have no income

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL NO. OF **1** AND **2** IN HOUSEHOLD _____

3 FOSTER CHILD/INSTITUTIONALIZED CHILD: If this student is a foster child/institutionalized child (the legal responsibility of the welfare agency or court), please list below.

Student _____ Grade _____ Birthdate _____

School _____ Monthly Personal Use Income \$ _____

4 SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. 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 the back of this page.)

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.

Signature of adult family member _____ Social Security No. _____ I do not have a Social Security No.

Address/Zip _____ Phone (w) _____ (h) _____

Date _____

Total Household Gross Income–You must tell us how much and how often								
Gross income and how often it was received: monthly, twice a month, every other week, weekly								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"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

FOR OFFICE USE ONLY

Total # in Household _____

Monthly or Annual Income _____

Free Reduced Denied

Reason for denial _____

Date Approved _____

Determining Official _____

Confirming Official (verification only) _____

Date Confirmed _____

School Date Stamp Here

Children's racial and ethnic identities (optional).

Mark one or more racial identities: Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

**2009-2010 APPLICATION INSTRUCTIONS FOR ELIGIBILITY IN THE
FREE OR REDUCED PRICE SCHOOL MEALS PROGRAM
Nutrition Services Department
Lincoln Public Schools**

Instructions**For assistance completing this form, contact:**

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

The State Agency administering the Child and Adult Care Food Program is:

Nebraska Department of Education, Nutrition Services

P.O. Box 94987, Lincoln, NE 68509

Telephone: (800) 731-2233

In Lincoln: (402) 471-2488

Web site: <http://www.nde.state.ne.us/NS>

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, the Food Distribution Program on Indian reservations (FDPIR) or TANF (Temporary Assistance to Needy Families) for your children, your children can get free meals. If a family had students enrolled in the Lincoln Public Schools during the 2008-2009 school year, and they qualify for SNAP benefits on July 1, the students will automatically be qualified for free meals. If after July 2, 2009 you receive a Assistance letter from Health & Human Services, you need only submit the letter and need not complete the application to qualify. The Health and Human Services letter must be signed by the adult family member before submission to Nutrition Services Department.

(WIC) participants **may** be eligible for free or reduced price meals. Please fill out an application.

If the child(ren) you are applying for are homeless, runaway or migrant children call 436-1989 or 436-1997 to see if they qualify, if you have not been informed that they will get free meals.

Privatized military housing allowance is excluded from income eligibility determination.

Foster Child/Institutionalized Child

If a court or welfare agency has placed a foster child/institutionalized child in your care, the child is eligible for free meals. **Complete one application form per child.** List the child's monthly personal use income. Write "0" if the child has no personal use income.

Income Eligibility Guidelines

Effective from July 1, 2009 through June 30, 2010, your children may qualify for free or reduced price meals if your household falls within the limits of the Federal Income Chart for school year 2009-10 shown below.

Household Size	Yearly	Monthly	Twice per month	Every two weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member add:	6,919	577	289	267	134

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National 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.

Families eligible for free and reduced price meals may also be eligible for *Kid's Connection: Nebraska Children's Health Insurance Program*, a program that provides health care coverage for children up to age 19. For more information, call toll free, 1-877-632-5437.

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.