ELKHORN
PUBLIC SCHOOLS

20650 Glenn Street • P.O. Box 439 • Elkhorn, NE 68022 • 402.289.2579 • Fax 402.289.2585 • www.elkhornweb.org

Dear Parent/Guardian:

Children need healthy meals to learn. Elkhorn Public Schools offers healthy meals every school day. Breakfast costs (Elementary $1.50, MS, $1.70, HS, $1.90); lunch costs (Elementary $2.50, MS $3.30, HS, $3.50). **Your children may qualify for free or reduced price meals. Reduced price is $.30 for breakfast and $.40 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 29, 2017 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 call or e-mail: **Anne Doerr, Executive Director of Student Services, (402) 289-2579, adoerr@epsne.org**

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: **Ryan Lindquist, Executive Director of Business Services, 20650 Glenn Street, Elkhorn, NE 68022, rlindquist@epsne.org**

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 **Ryan Lindquist, Executive Director of Business Services, 20650 Glenn Street, Elkhorn, NE 68022, rlindquist@epsne.org** immediately.

5. **CAN I APPLY ONLINE?** You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application. Visit

www.elkhornweb.org to begin or to learn more about the online application process. For questions regarding the on-line application, please see contact information on the website.

6. 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. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. 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.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. 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.

10. 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: **Anne Doerr, Executive Director of Student Services, (402) 289-2579, adoerr@epsne.org**

11. 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.

12. 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.

13. 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.

14. 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, 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.

15. 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: **Ryan Lindquist, Executive Director of Business Services, 20650 Glenn Street, Elkhorn, NE 68022, rlindquist@epsne.org** to receive a second application.

16. 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) 289-2579**.

Sincerely,

Ryan A. Lindquist, Executive Director of Business Services

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

For 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), 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: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For households with FOSTER CHILDREN, 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: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

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 Members: 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: Gross income is the amount earned **before taxes and other deductions;** it is not your take-home pay. 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 includes the following:
- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:
- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:
- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits

- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular 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.

Household Size: Enter the total number of people in your household.
Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For ALL other households, follow these instructions:

Part 1: List all children, the school they attend and their grade.
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 Members: 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: Gross income is the amount earned **before taxes and other deductions;** it is not your take-home pay. 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 includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular 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.

Household Size: Enter the total number of people in your household.

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

***New this year, on-line free and reduced applications! Please see www.elkhornweb.org for more information.

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2017-18

Return Completed Application to: *(Insert School name, mailing address here)*

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
	❑		
	❑		
	❑		
	❑		
	❑		

Part 2: Assistance Programs – 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 Members List **everyone** in the household, current income each person earns in **whole dollars** (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's **personal** use income must be listed.	2. Gross Income (before taxes) 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

Total Number of Household Members: _____ (Children and Adults)

Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _ _ _ _ Check if no SSN ❑

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"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:

Street Address (if available): Zip: Daytime Phone:

Part 5: Children's Ethnic and Racial Identities – Optional

Check one Ethnic Identity: **– and –** **Check one or more Racial Identities:**

❑Hispanic or Latino
❑Not Hispanic or Latino

❑Asian
❑White
❑Black or African American
❑American Indian or Alaskan Native
❑Native Hawaiian or other Pacific Islander

Do Not Fill Out the Section Below - 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: _____

Total Income: _____ per
❑Year ❑Month ❑2 X Mo ❑Every 2 Wks ❑Week

❑Free ❑Reduced ❑Denied
❑ Income
❑ Categorically eligible:
❑ *SNAP/TANF/FDPIR*
❑ *Foster Child*
Reason for denial:
❑Income too high
❑Incomplete application

Signature of Determining Official: Date Approved:

Signature of Confirming Official: Date Confirmed:

Signature of Verifying Official: Date Verified:

Date Withdrawn From School:

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2017-18

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 2017-18					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional person:	7,733	645	323	298	149

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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, 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 (866) 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

This institution is an equal opportunity provider.

Sharing Information with Other Programs - Optional

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.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with appropriate officials for purposes of the student free waiver program. I understand that a separate form will be required to identify the specific activity or activities for which a fee waiver is requested.

If you checked "yes" above, complete the following form to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you indicate on the Student Fee Waiver form.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Pam Roth or Ryan Lindquist at (402) 289-2579.

Return this form with your Free and Reduced Price School Meals Application.

Elkhorn Public Schools
STUDENT FEE WAIVER APPLICATION (2017-2018)

NOTE: Parents or students who desire to have student fees waived must complete this form. In order to verify eligibility for the fee waiver, an Application for Free and Reduced Price Meals must be completed and submitted (unless already on file with the District) along with a **Sharing Information with Other Programs form** (see the back side of this form). Application for fee waiver may be made at any time; but must be renewed annually. All activities for which a waiver is sought should be listed on this form.

Name of Student: _____ School Year: 2017-2018

School and Grade: _____

Waivers are requested for the following activity or activities:

1. _____
2. _____
3. _____
4. _____

Name of Parent/Guardian: _____
Street Address: _____
City and Zip Code: _____
Phone: _____

Does this student presently meet the financial eligibility criteria for free or reduced price meals offered under the Child Nutrition Program:

Yes: _____ No: _____

Signature of Parent/Guardian: _____ Date: _____

(Also complete the back of this form "Sharing Information from Free and Reduced-Price Meals Application Release".)

Please submit this form to the Principal's Office.

For Central Office Use Only	
Application Accepted: _____	Application Denied: _____
Signature: _____	Date: _____
Comments:	