# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, <u>even if</u> your children attend more than one school in <u>Lee's Summit R7 School District</u>. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Lee's Summit R7 Nutrition Services, Lori Danella, Director, phone number 816-986-2204 or email: lori.danella@lsr7.net.

### PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending LSR7 School District, regardless of age.

List each child's name. Print each child's	Building name/Grade. If child is	Do you have any foster children? If any children listed	Are any children homeless, migrant,
name. Use one line of the application for each	a student, list building name and	are foster children, mark the "Foster Child" box next to	or runaway? If you believe any child
child. When printing names, write one letter	grade.	the child's name. If you are ONLY applying for foster	listed in this section meets this
in each box. Stop if you run out of space. If		children, after finishing STEP 1, go to STEP 4.	description, mark the "Homeless,
there are more children present than lines on		Foster children who live with you may count as	Migrant, Runaway" box next to the
the application, attach a second piece of		members of your household and should be listed on	child's name and complete all steps of
paper with all required information for the		your application. If you are applying for both foster	the application.
additional children.		and non-foster children, go to step 3.	

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

If no one in your household participates in any of the above		If anyor	ne in your household participates in any of the above listed programs:
listed	programs:	•	Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you
•	Leave STEP 2 blank and go to STEP 3.		participate in one of these programs and do not know your case number, contact: State number 1-855-
			373-4636 - <mark>Missouri Department of Social Services</mark> .
		•	Go to STEP 4.

## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

#### How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)

•				ted as a zero. If you write '0' or leave any fields blank, you are
	-			orted incorrectly, your application will be investigated.
Mark how often each type of income		ng the check boxes to the right o	of each field.	
<b>3.A. REPORT INCOME EARNED BY CHILD</b>				
A) Report all income earned or received by a count foster children's income if you are appl	-	-		TEP 1 in your household in the box marked "Child Income." Only
		outside your household that is p	baid DIRECILY to your cr	hildren. Many households do not have any child income.
3.B REPORT INCOME EARNED BY ADULT	S			
Who should I list here?				
		t members in your household v	vho are living with you a	nd share income and expenses, even if they are not related and
even if they do not receive income o	<u>f their own.</u>			
Do NOT include:				
<ul> <li>People who live with you but are not</li> <li>Infonte Children and students alreaded</li> </ul>			lo not contribute income	e to your nousenoid.
<ul> <li>Infants, Children and students alread</li> </ul>				Demonst in some from auklis sesistenes (skild summert (slimens)
List adult household members' names. Print the name of each household member		gs from work. Report all total g		<b>Report income from public assistance/child support/alimony.</b> Report all income that applies in the "Public Assistance/Child
in the boxes marked "Names of Adult				
Household Members (First and Last)." Do		iness or farm owner, you will re	•	Support/Alimony" field on the application. <u>Do not report the</u> cash value of any public assistance benefits NOT listed on the
not list any household members you listed	employed bus	mess of farm owner, you will re	port your net income.	<u>chart.</u> If income is received from child support or alimony, only
in STEP 1. If a child listed in STEP 1 has	What if I am s	<b>elf-employed?</b> Report income f	rom that work as a	report court-ordered payments. Informal but regular payments
income, follow the instructions in STEP 3,	net amount. T	his is calculated by subtracting	the total operating	should be reported as "other" income in the next part.
part A.	expenses of yo	our business from its gross recei	pts or revenue.	should be reported as other income in the next part.
Report income from	Report total h	ousehold size. Enter the total n	umber of household	Provide the last four digits of your Social Security Number. An
pensions/retirement/all other income.	-	e field "Total Household Memb		adult household member must enter the last four digits of their
Report all income that applies in the		number MUST be equal to the r	•	Social Security Number in the space provided. You are eligible
"Pensions/Retirement/ All Other Income"		d in STEP 1 and STEP 3. If there		to apply for benefits even if you do not have a Social Security
field on the application.		d that you have not listed on th	-	Number. If no adult household members have a Social Security
	-	It is very important to list all he	–	Number, leave this space blank and mark the box to the right
		r household affects your eligibi	-	labeled "Check if no SSN."
	reduced price	. –	.,	
STEP 4: CONTACT INFORMATIO				
All applications must be signed by an adult n	nember of the h	ousehold. By signing the appli	cation, that household r	member is promising that all information has been truthfully
	-			il rights statements on the back of the application.
Provide your contact information. Write you	r current	Print and sign your name	Mail Completed	Share children's racial and ethnic identities (optional). On the

Provide your contact information. Write your current	Print and sign your name	Mail Completed	Share children's racial and ethnic identities (optional). On the	
address in the fields provided if this information is	and write today's date.	Form to: Lee's	back of the application, we ask you to share information about	
available. If you have no permanent address, this does not	Print the name of the adult	<mark>Summit R7 School</mark>	your children's race and ethnicity. This field is optional and does	
make your children ineligible for free or reduced price	signing the application and	District, 702 SE 291	not affect your children's eligibility for free or reduced price	
school meals. Sharing a phone number, email address, or	that person signs in the box	Hwy, Lee's Summit,	school meals.	
both is optional, but helps us reach you quickly if we need	"Signature of adult."	<mark>MO 64063</mark>		
to contact you.				

## 2020-2021 Application for Free and Reduced Price School Meals

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

Date Received by LEA (LEA use only)

STEP1 List ALL	Household Members who are infants,	children, and student	s up	to and	Incluai	ng gr	ade	<b>2</b> (If I	more	space	es ar	e req	uireo	a for a	doltional names, attach ano	iner sneet c	or paper)
	Child's First Name	МІ	Ch	nild's La	ist Nam	е									Building Name	Grade	Homel Foster Migra Child Runav
Definition of <b>Household</b> <b>Member</b> : "Anyone who is living with you and shares																	
income and expenses, even if not related."																	
Children in <b>Foster care</b> 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 H	lousehold Members (including you) o	currently participate i	n one	e or mo	ore of th	ne fol	lowin	ng as	sista	ince	pro	gran	າຣ: ຊ	SNAP	, TANF, or FDPIR? Circl	e one: Yes	s / No
If you answered NO > Co	mplete STEP 3. If you answered YES > Write	a case number here then g	o to S	STEP 4 <u>(C</u>	Do not co	mplete	STEF	<u>° 3)</u> C	ase N	umber	r:				Write on	ly one case nur	nber in this sp
STEP 3 Report I	ncome for ALL Household Members	<b>s</b> (Skip this step if you a	nswe	ered 'Yes	s' to STE	EP 2)											
	A. Child Income										Ch	ild incor	ne	W	How often? eekly Bi-Weekly 2x Month Monthly		
re you unsure what ncome to include here?	Sometimes children in the household earn inc STEP 1 here.	come. Please include the TC	DTAL (	gross inco	ome earn	ed by a	all chile	dren li	isted i	` <b>\$</b>							
lip the page and review	B. All Adult Household Members (incl	luding yourself)								l							
he charts titled "Sources f Income" for more	List all Household Members not listed in STEP 1 each source in whole dollars (no cents) only. If the																
nformation.		2		low often?			Public A					How oft		,		How ofte	
he "Sources of Income or Children" chart will	Name of Adult Household Members (First and Last)	Earnings from Work Week	y Bi-We	ekly 2x Mon	th Monthly		Child Su			Weekl	y Bi-V	Veekly	2x Mon	th Month	Pensions/Retirement/ All Other Income	ekly Bi-Weekly 2	tx Month Month
elp you with the Child ncome section.			) (	$) \bigcirc$	$\bigcirc$	, ,					) (	$\mathcal{L}$	$\bigcirc$	$\bigcirc$		$) \bigcirc$	$\bigcirc$ $\bigcirc$
he "Sources of Income		\$ C	)	$)$ $\bigcirc$	$\bigcirc$	\$				С	) (	$\bigcirc$	$\bigcirc$	$\bigcirc$	\$	$\bigcirc$	$\bigcirc \bigcirc$
or Adults" chart will help ou with the All Adult		\$	) (	$) \cap$	$\overline{\bigcirc}$	\$				$\Box$	) (	$\overline{)}$	$\bigcirc$	$\bigcirc$	\$	$\supset \bigcirc$	$\bigcirc$
lousehold Members section.	Total Household Members	Last four digit of	So	cial Se		Num	nber	(SS	N) o	 F	<u> </u>	<u></u>		<u> </u>		Check if no s	
)	(Children and Adults)	primary wage ea									er.	X	X	X	x x	CHECK II HU	
STEP 4 Contact	information and adult signature	Mail Completed For	n To	• 1 00'5 '	Summi	R7 9	Schoo	n Die	trict	702	SF 2	291	-lww		's Summit, MO 64063		
	, in the second s																
	on on this application is true and that all income is reporte ose meal benefits, and I may be prosecuted under applica		ition is	given in co	nnection w	ith the r	receipt c	of Fede	eral fund	is, and	that s	chool	official	s may v	erify (check) the information. I am a	vare that if I pu	rposely give
reet Address (if available)	Apt #	City			State		Zi	р				Dayti	ne Pl	none ar	nd Email (optional)		
rinted name of adult comple DO NOT FILL OUT T	ting the form "HIS SECTION. THIS IS FOR SCHOOL US	Signature of adult comple SE ONLY.	ting th	ne form								Today	/s dai	e			
NNUAL INCOME CON	VERSION: WEEKLY X 52, EVERY 2 WEE	EKS X 26, TWICE A MO					-										
	ry Assistance Household size:	Total income:_								Per:	ЦW			-	2 Weeks DTwice a Month	⊔Month	⊔Year
etermining Official's Sig	nature:														ed/Denied:		
onfirming Official's Sigr	nature (For verification purposes only):														Date:		

#### INSTRUCTIONS Sources of Income

Sources of Inc	come for Children	Sources of Income for Adults								
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income						
	<ul> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>	- Salary, wages, cash bonuses	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> </ul>	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>						
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	Security benefits     Security benefits     A Parent is disabled, retired, or deceased, and     their child receives Social Security benefits     A friend or extended family member     A friend or extended family member	employment (farm or business)	Supplemental Security Income (SSI)     Cash assistance from State or local government	<ul> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> </ul>						
- Income from person outside the household		<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>	<ul> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside</li> </ul>							
5 ,	- Allowances for off-base housing,	- Strike benefits	household							

#### **OPTIONAL** Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 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 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: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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:

- 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.