
INSTRUCTIONS FOR APPLYING

2022-2023 FREE/REDUCED LUNCH PROGRAM

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **[State SNAP]**, **[State TANF]**, OR **[THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)]**, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List only household members and the name of each child's school.
- Part 2:** List the case number for any household member (including adults) receiving **[State SNAP]**, **[State TANF]**, or **[FDPIR]** benefits.
- Part 3:** Skip this part.
- Part 4:** Adult completing lunch application MUST sign the form and list the last four digits of their Social Security Number.
- Part 5:** Answer this question if you choose.

Completed & signed applications may be given to the administrative office finance department or **[Laurie Brooks]** in the Dining Hall. Application may be scanned/emailed to laurie.brooks@mdcacademy.org

IF NO ONE IN YOUR HOUSEHOLD GETS **[State SNAP]**, **[State TANF]**, OR **[FDPIR]** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of each child's school and class grade. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **[your school, homeless liaison, runaway, head start or migrant coordinator]**.
- Part 2:** Skip this part.
- Part 3:** Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you did not need to fill in Part 3.
- Part 5:** Answer this question if you choose.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

- Part 1:** List all foster children and the school's name and class grade for each child. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 5:** Answer this question if you choose.

If some of the children in the household are foster children:

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.
- Part 2:** Skip this part.
- Part 3:** Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he does not have one).
- Part 5:** Answer this question if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child’s school (if known). For any person, including children, with no income, you must check the “No Income” box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **[Laurie Brooks] at the MDCA Dining Hall 352-729-9034**.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
 - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Effective from July 1, 2022, to June 30, 2023

| FREE MEAL SCALE | | | | | |
|--|--------|---------|-----------------|-----------------|--------|
| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | 17,667 | 1,473 | 737 | 680 | 340 |
| 2 | 23,803 | 1,984 | 992 | 916 | 458 |
| 3 | 29,939 | 2,495 | 1,248 | 1,152 | 576 |
| 4 | 36,075 | 3,007 | 1,504 | 1,388 | 694 |
| 5 | 42,211 | 3,518 | 1,759 | 1,624 | 812 |
| 6 | 48,347 | 4,029 | 2,015 | 1,860 | 930 |
| 7 | 54,483 | 4,541 | 2,271 | 2,096 | 1,048 |
| 8 | 60,619 | 5,052 | 2,526 | 2,332 | 1,166 |
| For each additional family member, add | +6,136 | +512 | +256 | +236 | +118 |
| REDUCED-PRICE MEAL SCALE | | | | | |
| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | 25,142 | 2,096 | 1,048 | 967 | 484 |
| 2 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 3 | 42,606 | 3,551 | 1,776 | 1,639 | 820 |
| 4 | 51,338 | 4,279 | 2,140 | 1,975 | 988 |
| 5 | 60,070 | 5,006 | 2,503 | 2,311 | 1,156 |
| 6 | 68,802 | 5,734 | 2,867 | 2,647 | 1,324 |
| 7 | 77,534 | 6,462 | 3,231 | 2,983 | 1,492 |
| 8 | 86,266 | 7,189 | 3,595 | 3,318 | 1,659 |
| For each additional family member, add | +8,732 | +728 | +364 | +336 | +168 |

Part 4: Adult household member **MUST** sign the form and list the last four digits of their Social Security Number (or mark the box if she/he does not have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs. Check the appropriate box.

Part 5: Answer this question if you choose.

Completed and signed application pages 4 & 5 may be given to the administrative office finance department or **[Laurie Brooks]** in the Dining Hall. Or completed and signed application pages 4 & 5 may be scanned/emailed to laurie.brooks@mdcacademy.org

Lunch applicants will receive an acceptance or denial letter within 10 working days of free/reduced lunch application submission.

You may email laurie.brooks@mdcacademy.org with free/reduced lunch application questions.

For any other lunch questions or concerns contact the Dining Hall Manager, Tabatha Warburton, tabatha.warburton@mdcacademy.org

2022-2023

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS**

| Names of <u>all</u> household members (First, Middle Initial, Last) | School Name/grade | Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form. | | | | | Place a check in the box if NO income |
|--|-------------------|--|----------|---------|---------|------------|--|
| | | Foster | Homeless | Migrant | Runaway | Head Start | |
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PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES **[State SNAP]**, **[FDPIR]** OR **[State TANF Assistance]**, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____

PROGRAM NAME _____ CASE NUMBER: (NOT EBT CARD#) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

| 1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | | | | | | | | | | | | | | | | | |
|--|---|----------|---------------|---------------|---------|---------------------------------|----------|---------------|---------------|---------|---|--------|---------------|---------------|---------|--|--------|---------------|---------------|---------|
| | Earnings from work before deductions. | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Welfare, child support, alimony | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Social Security, SSI, VA, retirement benefits | Weekly | Every 2 Weeks | Twice Monthly | Monthly | All other income (Such as Unemployment) benefits | Weekly | Every 2 Weeks | Twice Monthly | Monthly |
| (Example) Jane Smith | \$200 | X | | | | \$150 | X | | | | \$0 | | | | | \$0 | | | | |
| | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | |
| | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | |
| | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | |
| | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | |

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page). List contact phone number(s) and email address in case we have questions about your application. Application acceptance or denial notification will be emailed within 10 working days of application receipt. DATE: _____

Home Address: _____

City _____ State _____ Zip Code _____

Contact Phone Number(s): Home _____ Cell _____

Contact Email Address _____

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. I understand my child's eligibility status may be shared as allowed by law.

Printed Name: _____

Signature: _____

Last four digits of your Social Security Number: *** - ** - ____ _

I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs No Yes

Child(ren) may also qualify for free or low-cost health and dental insurance with Florida KidCare. Apply at floridakidcare.org or call 1-888-540-5437.

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian

American Indian or Alaska Native

Black or African American

White

Native Hawaiian or another Pacific Islander

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ FDC Eligibility _____ Free _____ Reduced _____ Denied _____ Date Withdrawn _____

Reason for denial or withdrawal: _____ **Check if Error Prone Application**

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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 programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them investigate 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

| Date of Contact | Staff Initials | Name of Household Member Contacted | Detailed Information Given/Received |
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