### LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Dunklin R-5** offers healthy meals every school day. 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 Food Stamp Program/Supplemental Nutrition Assistance
    Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary
    Assistance/Temporary Assistance for Needy Families (TANF), 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.

Household Size	<u>Annually</u>	<u>Monthly</u>	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each add'l person add	+9,509	+793	+183

- 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 **Mr. Thomas Moreland, 636-479-5200.**
- 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: **Food Services 720 Barclay Street, Herculaneum, MO 63048.**
- 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 **Shannon Mitchell 636-479-5200 extension 3009 or smitchell@dunklin.k12.mo.us** immediately.
- 5. 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.
- 6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
- 7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 8. 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.

- 9. 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: **Nichole Arnold 636-479-5200 extension 1015 or narnold@dunklin.k12.mo.us**
- 10. 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.
- 11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
- 12. 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 <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 13. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
- 14. 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 **Shannon Mitchell 636-479-5200 extension 3009 or smitchell@dunklin.k12.mo.us** to receive a second application.
- 15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.
- 16. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <a href="https://www.dunklin.k12.mo.us">www.dunklin.k12.mo.us</a> to begin or to learn more about the online application process. Contact Shannon Mitchell at 636-479-5200 extension 3009 or smitchell@dunklin. K12.mo.us if you have any questions about the online application.

If you have other questions or need help, call **636-479-5200 option 6**. Sincerely,

Nichole Arnold Food Services Director Dunklin R-5 School District

USDA Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. **fax**:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

# 2023-2024 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)

"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 under the false of the false o nformation, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws Confirming Official's Signature (For verification purposes only) Printed name of adult completing the form Street Address (if available) Error Prone Application: 

Yes Eligibility: □Free □Reduced □Denied Reason: □Food Stamps/Temporary Assistance Household size ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY) DO NOT FILL OUT THIS SECTION. STEP 4 The "Sources of Income for Children" chart will help you with the Child the charts titled "Sources of Income" for more Are you unsure what income to include here? Meals for more information How to Apply for Free and Migrant or Runaway are eligible for free meals. Read definition of Homeless, and children who meet the Children in Foster care even if not related. income and expenses, living with you and shares Member: "Anyone who is Definition of Household section. for Adults" chart will help Income section. information. Flip the page and review Household you with the The "Sources of Income STEP 3 If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: STEP 2 STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper All Adult Contact information and adult signature Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No Total Household Members (Children and Adults) Name of Adult Household Members (First and Last) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to repor Child's First Name All Adult Household Members (including yourself) □ No (Optional – See FAQs) THIS IS FOR SCHOOL USE ONLY Apt# Determining Official's Signature Mail Completed Form To: Dunklin R-5 Food Services, 720 Barclay Street, Herculaneum, MO 63048 Signature of adult completing the form primary wage earner or other adult household member. Last four digits of Social Security Number (SSN) of City Earnings from Work | Weekly Bi-Weekly | 2x Month otal income ≤ Child's Last Name Monthly Child Support/Alimony Public Assistance/ Zip Weekly Bi-Weekly 2x Month Monthly 69 □Week Child income How often? Today's date Daytime Phone and Email (optional) × Date Approved/Denied Date withdrawn × □Every 2 Weeks × Weekly Bi-Weekly 2x Month Monthly × × Building Name All Other Income Pensions/Retirement/ □Twice a Month Write only one case number in this spa Weekly Bi-Weekly 2x Month Check if no SSN □Month Grade □Year Child ð Migra

Date:

Sources of Inc	Sources of Income for Children
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
- Income from person outside the household	<ul> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
- Income from any other source	<ul> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

Iren	S	Sources of Income for Adults	lts
mple(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
ar full or part-time job alary or wages	Salary, wages, cash bonuses	Unemployment benefits     Worker's compensation	<ul> <li>Social Security (including railroad refirement and black lung benefits)</li> </ul>
sabled and receives Social	<ul> <li>Net income from self- employment (farm or business)</li> </ul>	- Supplemental Security Income	- Private pensions or disability
t, retired, or deceased, and scial Security benefits	If you are in the U.S. Military:	Cash assistance from State or local government	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> </ul>
d family member d spending money	<ul> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> </ul>	<ul> <li>Allmony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>	- Investrient income - Eamed interest - Rental income
gular income from nd, annuity, or trust	<ul> <li>Allowances for off-base housing, food and clothing</li> </ul>	Strike benefits	<ul> <li>Regular cash payments from outside household</li> </ul>

### 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

Race (check one or more):   American Indian or Alaskan Native   Asian   Black or African American   Native	Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
□ Black or African American	
ve Hawaiian or Other Pacific Islander	
□ White	

programs to help them deliver program benefits to your household use information from this application to see who qualifies for free or The Richard B. Russell National School Lunch Act requires that we make sure that program rules are met. Inspectors and law enforcement may also use your information to share your eligibility information with education, health, and nutrition reduced price meals. We can only approve complete forms. We may

Use of Information Statement

Applications for children in households receiving Supplemental Nutrition adult does not have one, 'Check if no Social Security Number'. number of the adult household member who signs the application. If the (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do Assistance Program (SNAP) or Temporary Assistance for Needy Families Applications for a foster child do not need to list a Social Security number Please be sure to provide the last four numbers of the Social Security

contact your school to get free meals for a foster child, and children who not need to list a Social Security number are homeless, migrant, or runaway. Some children qualify for free meals without an application. Please

\* MAIL: U.S. Dep

## The contact information below is solely to file a complaint of discrimination

should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language) information may be made available in languages other than English. Persons with disabilities who require alternative In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339 gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and must contain the complainant's name, address, telephone number, and a written description of the alleged https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter

This institution	Washington, D.C. 20250-9410	1400 Independence Avenue, SW	Civil Rights	Office of the Assistant Secretary for	L: U.S. Department of Agriculture
is an equ			EMAIL:	690-7442; or	FAX:
This institution is an equal opportunity provider			Program.Intake@usda.gov	or	(833) 256-1665 or (202)
	of discrimination.	complaints	this address, only	applications to	* Do not mail

This illistitution is all equal opportunity provider.

Return completed form to your child's school.

### **REQUEST FOR INFORMATION**

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

· ·	•	
	'ES	
	NO	
MO HealthNet (Medicaid) is co	onsidered healthca	re insurance.
f NO is checked the school district will p Healthcare Coverage form for the family		ır Child Need
Completion of this form is not a condition and Reduced Price Meals Family Applicates to this Request for Information	ion will be reviewe	
Submit this request with your Free and R Application or return to your school/scho		ol Meals Family
rinted name of parent/guardian:	,	
Nailing Address:		
ity:	State:	Zip Code:

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