2024-25 Application for Free and Reduced Price School Meals

APPLY ONLINE: https://www.myschoolapps.com/

RETURN TO: LeAnn Sutterfield,

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

1600 W. Jackson St., Ozark, MO 65721

Date Received by LEA (LEA use only):__

Attachment E

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SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income Pensions/Retirement/ **Earning from Work** Public Assistance/Alimony/Child Support All other sources of income • Unemployment benefits · Social Security/Disability (including railroad · Salary, wages, cash bonuses, tips, · Workers' compensation retirement and black lung benefits) commissions Supplemental Security Income (SSI) · Private Pensions or disability benefits Net income from self-employment (farm or · Cash assistance from State or local · Income from trusts or estates business) Annuities government If you are in the U.S. Military: · Alimony payments · Investment income · Basic pay and cash bonuses (do NOT include · Earned interest · Child support payments combat pay, FSSA, or privatized housing · Veterans' benefits Rental income · Strike benefits · Regular cash payments from outside Allowances for off-base housing, food. and clothing

	Examples of Income for Children
•	A child has a regular full or part-time job where they earn a salary or wages
•	A child is blind or disabled and receives Social Security benefits
•	A parent is disabled, retired, or deceased, and their child receives Social Security benefits
•	A child has a regular full or part-time job where they earn a salary or wages
•	A child has a regular full or part-time job where they earn a salary or wages

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974. OPTIONAL

Asian

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.

Ethnicity (check one): Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ■ Not Hispanic or Latino ☐ Black or African American

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

Use of Information Statement

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

Race (check one or more): American Indian or Alaska Native

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

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

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

☐ Native Hawaiian or Other Pacific Islander

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: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, 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:

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

FAX: (833) 256-1665 or (202) 690-7442; or EMAIL: Program.Intake@usda.gov

White

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.