

INSTRUCTIONS FOR APPLYING

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, even if your children attend more than one school in Prescott Unified School District. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Amy Seigler, Ph; 928-717-3232, Email: amy.seigler@prescottschools.com.

Please **use a pen (not a pencil)** when filling out the application and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and **go directly to STEP 4.**

If No- Leave this section blank and **go to STEP 3.**

- Please note that the 16-digit QUEST Electronic Benefit Transfer Card number starting in '5077' is not an appropriate Case Number.

STEP 3- HOUSEHOLD INCOME INFORMATION

- A. Child income-** Report all income earned by children in the household. Refer to the chart below titled “Sources of Income for Children” and report the **combined gross income** for all children listed in STEP 1 in the box marked “Total Child Income.”

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter ‘0’ or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security <ul style="list-style-type: none">Disability paymentsSurvivor Benefits	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.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

- B. Adult Household Members and Income-** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.** List one name per line and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received weekly, bi-weekly (every other week), 2x month (2 payments per month), or monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter ‘0’ or leave these boxes empty.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income

<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) <p>For military families:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) • Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Workers Compensation • Supplemental Security Income (SSI) • Cash Assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • Annuities • Investment Income • Earned Interest • Rental Income • Regular cash payments from outside household
--	--	--

The back of the application provides the same Sources of Income charts.

C. Total number of household members and SSN

Report the total number of people in your household (all adults and children) in the one box. This must match the number of household members listed in STEP 1 and STEP 3.

Report the last 4 digits of the Social Security number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4- CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

OPTIONAL INFORMATION

The back of this application provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

Once the form is completed, it should be mailed, or delivered to any school in the district or you can mail to:

Prescott Unified School District

Attn: Food Service Department

926 ½ Hinman Street,

Prescott, Az. 86301.

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/ad-3027.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; or*

fax:

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

email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

Child Nutrition Programs

Income Eligibility Guidelines

Effective July 1, 2024 – June 30, 2025

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.

Effective July 1, 2024 – June 30, 2025

For Determining Official's Use Only

Household Size*	How often was income received?									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$377	\$536	\$753	\$1,072	\$816	\$1,161	\$1,632	\$2,322	\$19,578	\$27,861
2	\$511	\$728	\$1,022	\$1,455	\$1,108	\$1,576	\$2,215	\$3,152	\$26,572	\$37,814
3	\$646	\$919	\$1,291	\$1,838	\$1,399	\$1,991	\$2,798	\$3,981	\$33,566	\$47,767
4	\$780	\$1,110	\$1,560	\$2,220	\$1,690	\$2,405	\$3,380	\$4,810	\$40,560	\$57,720
5	\$915	\$1,302	\$1,829	\$2,603	\$1,982	\$2,820	\$3,963	\$5,640	\$47,554	\$67,673
6	\$1,049	\$1,493	\$2,098	\$2,966	\$2,273	\$3,235	\$4,546	\$6,469	\$54,548	\$77,626
7	\$1,184	\$1,685	\$2,367	\$3,369	\$2,565	\$3,650	\$5,129	\$7,299	\$61,542	\$87,579
8	\$1,318	\$1,876	\$2,636	\$3,752	\$2,856	\$4,064	\$5,712	\$8,128	\$68,536	\$97,532
Additional members, add:	\$135	\$192	\$269	\$383	\$292	\$415	\$583	\$830	\$6,994	\$9,953

*Household size must be supported by the number of names listed on the meal benefit income eligibility form.

Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12
--------------------	-----------------------	----------------------	---------------------

Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: \$200 weekly and \$3,000 monthly. To determine their eligibility status, their incomes must be converted to annual income.

\$200 weekly x Weekly Income Conversion → \$200 x 52 = \$10,400 Total Annual Income

\$3,000 monthly x Monthly Income Conversion → \$3,000 x 12 = \$36,000 Total Annual Income

The incomes are then added together to determine total annual income. Total Income: \$10,400 + \$36,000 = \$46,400

There are four listed names on their meal benefit income eligibility form – demonstrating a household's size of four. The annual income cap for a household of four to be free is \$40,560 and reduced is \$57,720. This household's annual income is \$46,400 – greater than \$40,560, less than \$57,720. Therefore, this household qualifies for reduced-price meals.

Programas de Nutrición Infantil

Pautas de Ingresos

Efectivo 1 julio 2024 – 30 junio 2025

Las siguientes son las pautas de ingresos que deben utilizar los operadores del programa de nutrición infantil al procesar las solicitudes de elegibilidad de ingresos por beneficios de comidas utilizando ingresos reportados.

Efectivo 1 julio 2024 – 30 junio 2025

Para uso exclusivo del funcionario determinante

Tamaño de Hogar*	La frecuencia en que se recibe el ingreso									
	Semanal		Quincenal		2 veces al Mes		Mensual		Anual	
	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido
1	\$377	\$536	\$753	\$1,072	\$816	\$1,161	\$1,632	\$2,322	\$19,578	\$27,861
2	\$511	\$728	\$1,022	\$1,455	\$1,108	\$1,576	\$2,215	\$3,152	\$26,572	\$37,814
3	\$646	\$919	\$1,291	\$1,838	\$1,399	\$1,991	\$2,798	\$3,981	\$33,566	\$47,767
4	\$780	\$1110	\$1,560	\$2,220	\$1,690	\$2,405	\$3,380	\$4,810	\$40,560	\$57,720
5	\$915	\$1302	\$1,829	\$2,603	\$1,982	\$2,820	\$3,963	\$5,640	\$47,554	\$67,673
6	\$1,049	\$1493	\$2,098	\$2,966	\$2,273	\$3,235	\$4,546	\$6,469	\$54,548	\$77,626
7	\$1,184	\$1685	\$2,367	\$3,369	\$2,565	\$3,650	\$5,129	\$7,299	\$61,542	\$87,579
8	\$1,318	\$1876	\$2,636	\$3,752	\$2,856	\$4,064	\$5,712	\$8,128	\$68,536	\$97,532
Miembros Adicionales Agregue:	\$135	\$192	\$269	\$383	\$292	\$415	\$583	\$830	\$6,994	\$9,953

*El tamaño del hogar debe ser respaldado por la cantidad de nombres que figuran en la solicitud de elegibilidad de ingresos por beneficios de comida

Conversión de ingresos anuales para ingresos múltiples reportados:

Si un hogar reporta solo un ingreso o ingresos múltiples con la misma frecuencia, no lo convierta en ingreso anual. Si un hogar reporta múltiples fuentes de ingresos con diferentes frecuencias. (Por ejemplo, 1 ingreso se recibe semanalmente, otro ingreso se recibe mensualmente.) Convierta todos los ingresos reportados a anuales utilizando los factores de conversión a continuación. Luego, sume los ingresos y compárelos con las pautas de ingresos anuales para tomar una determinación.

Ingresos semanales x 52	Ingresos quincenales x 26	Ingresos 2 veces al mes x 24	Ingresos mensuales x 12
-------------------------	---------------------------	------------------------------	-------------------------

Ejemplo: Un hogar ha devuelto su solicitud de elegibilidad de ingresos para beneficios de comidas. Las personas inscritas no son categóricamente elegibles, entonces deben clasificarse según los ingresos. En su solicitud, reportaron dos ingresos: \$200 semanales, y \$3,000 mensuales. Para determinar su estado de elegibilidad, sus ingresos deben convertirse en ingresos anuales.

\$200 Semanales x Conversión semanal de ingresos → \$200 x 52 = \$10,400 Ingreso anual total

\$3,000 Mensuales x Conversión mensual de ingresos → \$3,000 x 12 = \$36,000 Ingreso anual total

Los ingresos luego se suman para determinar el ingreso anual total. Ingreso Total: \$10,400 + \$36,000 = \$46,400

Hay cuatro nombres enumerados en su solicitud de elegibilidad de ingresos y beneficios de comida, lo que demuestra el tamaño de un hogar de cuatro. – El límite de ingreso anual para que un hogar de cuatro personas sea gratis es de \$40,560 y reducido es de \$57,720. Los ingresos anuales de este hogar son \$46,400, mayores que \$40,560, pero menores que \$57,720. Por lo tanto, este hogar califica para comidas a precio reducido.

2024-2025 School Year Application for Free and Reduced-Price School Meals

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

STEP 1

List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name

MI

Child's Last Name

School Name

Check all that apply	Foster Child	Homeless, Migrant, Runaway
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

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:

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars 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 report.

Name of Adult Household Members (First and Last)

GROSS

Earnings from Work

\$					How often?			
					Weekly	Bi-Weekly	2x Month	Monthly
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Public Assistance/ Child Support/Alimony

\$						How often?			
						Weekly	Bi-Weekly	2x Month	Monthly
						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pensions/Retirement/ All Other Income

\$						How often?			
						Weekly	Bi-Weekly	2x Month	Monthly
						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Total Household Members

(Children and Adults)

--

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X	X	X	X				
---	---	---	---	--	--	--	--

Check if no SSN ☐

STEP 4

Contact information and adult signature

Mail Completed Form to: 926 ½ Hinman Street, Prescott, Az. 86301 Attn: Food Service

"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."

--	--

Signature of adult completing the form

Today's date

--	--

Printed name of adult completing the form

Daytime Phone and Email (optional)

--	--	--	--	--

Street Address (if available)

Apt #

City

State

Zip

OFFICE USE ONLY

☐ Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐ Case # Application ☐ Foster Application ☐ Directly Certified: Date of Disregard: _____

☐ Income Application ☐ Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments -Survivor Benefits	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.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military: <ul style="list-style-type: none"> - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances) </p> <ul style="list-style-type: none"> - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside 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.

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 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, 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/ad-3027.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; or
 fax: (833) 256-1665 or (202) 690-7442;
 or email: Program.Intake@usda.gov

This institution is an equal opportunity provider.