

<b>Return Completed Application to: Conestoga Public Schools PO Box 184 Murray, NE 68409</b>						
<b>Part 1: Children in School</b>						
List names of all children in school (First, Middle Initial, Last). If all children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends			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"/>
					<input type="checkbox"/>	<input type="checkbox"/>
<b>Part 2: Assistance Programs—SNAP, TANF or FDPIR Benefits</b>						
Enter <b>MASTER CASE NUMBER</b> if household qualifies for SNAP, TANF or FDPIR: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4						
<b>Part 3: Total Household Gross Income – You must tell us how much and how often.</b>						
<b>1. Household Members</b>		<b>2. Gross Income (before taxes) and How Often it was Received</b>				
List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed.		Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income
		Income	How often	Income	How often	Income
Total Number of Household Members: _____ (Children and Adults)		Last four digits of Social Security Number (SSN) of the adult signing this form: XXX-XXX – _____ Check if no SSN <input type="checkbox"/>				
<b>Part 4: Adult Signature and Contact Information – An adult household member must sign the application.</b>						
<i>"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."</i>						
Sign here: _____		Print name: _____		Date: _____		
Street Address (if available): _____			Zip: _____		Daytime Phone: _____	
<b>Part 5: Children's Ethnic and Racial Identities – Optional</b>						
<b>Check one Ethnic Identity: – and – Check one or more Racial Identities:</b>						
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native		
<b>Do Not Fill Out the Section Below - For School Use Only</b>						
Annual Income Conversion:      Weekly X 52;      Every 2 weeks X 26;      Twice a month X 24;      Monthly X 12						
Total Household Size: _____		<input type="checkbox"/> Free Income <input type="checkbox"/> Reduced Income <input type="checkbox"/> Denied Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> <b>SNAP/TANF/FDPIR</b> <input type="checkbox"/> Incomplete application <input type="checkbox"/> <b>Foster Child</b> <input type="checkbox"/> <b>Homeless/Migrant/Runaway:</b> <b>(Official Documentation Required at School)</b>				
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2XMo <input type="checkbox"/> Every 2Wks <input type="checkbox"/> Week						
Signature of Determining Official: _____				Date Approved: _____		
<b>FOR THE VERIFICATION PROCESS ONLY:</b>						
Signature of Confirming Official: _____				Date Confirmed: _____		
Signature of Verifying Official: _____				Date Verified: _____		
				Date Withdrawn From School: _____		

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

FEDERAL INCOME CHART for School Year 2025-26					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Each additional person:	10,175	848	424	392	196

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 are 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.

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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, audiotope, 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:

(1) 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: (833) 256-1665 or (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

### Sharing Information with Other Programs - Optional

Dear Parent/Guardian: To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify.

**For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- ☐ Conestoga Activity Fee (Student Season Pass, as determined in Policy #5045 Student Fees)
- ☐ Conestoga Participation Fee for extracurricular activities or athletics (Student Season Pass, as determined in Policy #5045 Student Fee)
- ☐ PSAT Test (Preliminary SAT, 11th grade)
- ☐ ACT Test (American College Testing, grades 9-12)
- ☐ Duke TIP (7th grade)
- ☐ Field Trips
- ☐ Music, Band and Vocal
- ☐ Laptop/iPad Consent/Usage Fee
- ☐ Backpack Lunch Program
- ☐ Scholarships
- ☐ Cheer or Dance Team
- ☐ Ag Program

**If you checked "yes" to any or all of the boxes above, complete the following form to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.**

Child's	Name: _____	School: _____	
Child's	Name: _____	School: _____	
Child's	Name: _____	School: _____	
Child's	Name: _____	School: _____	

Printed name & \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **Breanna McLaughlin** at 402 235 2992 or email [bjmclaughlin@conestogacougars.org](mailto:bjmclaughlin@conestogacougars.org)

Return this form to: **8404 42<sup>nd</sup> St. - PO Box 184 Murray**  
by 10/3/25.