



Dear Parents/Guardians,

We are writing to you today to highlight the significant benefits of completing the Free and Reduced-Price School Meal Application, even if you are unsure whether your child qualifies. This application is crucial for more than just providing meals; it plays a vital role in supporting our school and all of its students. The state requires a new application to be completed every school year.

Direct Benefits for Your Family

If your child qualifies, the application provides:

- **Free or Reduced-Price Meals:** This is the most direct benefit, ensuring your student has access to nutritious breakfast and lunch daily. This helps families save money.
- **Waiver of Fees:** Qualification may lead to reduced or waived fees for things like instructional materials, activity fees, athletic/sports, lab fees, performing arts, college application fees, and college scholarships, exam fee waivers (AP, SAT, ACT, PSAT), Avenue Scholars, and field trips. You may also qualify for low-cost internet through Cox.
- **Eligibility for Other Programs:** Qualification is often a prerequisite for your child to be eligible for other important educational programs and possibly summer camp discounts. You may also qualify for the summer EBT program if it is still available.

Indirect Benefits for Our School Community

The number of eligible families directly affects the funding and resources our school receives. When more families complete the application, it can lead to:

- **Increased School Funding:** The data collected determines our eligibility for essential federal and state funding that supports classroom instruction, technology, and staff. An increase in applications will help with the district's Title 1 funding.

- **Grants for Educational Programs:** Higher participation can help our school qualify for grants that fund programs like tutoring, after-school activities, and summer enrichment.
- **Discounts for Technology and Internet Services:** The data helps the school qualify for discounts on internet access and technology through the E-Rate program, which benefits all students.

Privacy and Confidentiality

Please be assured that all information provided in the application is strictly confidential. It is used solely for the purpose of determining eligibility and securing resources for our students and school.

We understand that filling out forms can be time-consuming, but the impact of this one application is far-reaching. We strongly encourage every family to complete the application, regardless of their income, to ensure our school receives all the resources it is entitled to.

You can find the application and detailed instructions on our website or by contacting the school office.

- **Meal Application Link:** <https://www.myschoolapps.com/Home/PickDistrict>
- **Deadline: There is no deadline.** You may fill out the application at any point during the school year. If circumstances change for your household, you may reapply. You will need to provide at least 2 of your most current pay stubs with your application.

If you have any questions or need assistance completing the form, please contact Nicole Riccobon at 402-898-3430 at the main office, or you may contact your child's school office.

Thank you for your cooperation and commitment to the success of our students and school community.

Sincerely,

Judy Kyle
Food Service Director
Ralston Public Schools
402-898-3450
Judy_kyle@ralstonschools.org



July 9, 2026

Dear Parent/Guardian:

Children need healthy meals to learn. **Ralston Public Schools** offers healthy meals every school day. **Your children may qualify for free or reduced-price meals.** In accordance with the [Nebraska Hunger-Free Schools Act](#), reduced-price breakfast and lunch are \$0 for school year 2026-2027. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **September 24, 2026**, to avoid an interruption in meal benefits.

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.

Spanish-speaking families

Contact Marisol Ledesma – 402-784-1691, (marisol.ledesma@ralstonschools.org) or

Karina Vouin-Izaguirre – 402-898-3557, (karina.vouinizaguirre@ralstonschools.org) for help with your application.

1. Who can get free or reduced-price meals?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals.
- Foster children who 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.

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 [school, homeless liaison or migrant coordinator].

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: Nicole Riccobon, 8545 Park Dr, 402-898-3430, Nicole.riccobon@ralstonschools.org.

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 Nicole Riccobon, 8545 Park Dr, 402-898-3430, Nicole.riccobon@ralstonschools.org. immediately.

5. Can I apply online?

You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application. Visit [website] to begin or to learn more about the online application process. Contact Nicole Riccobon, 8545 Park Dr, 402-898-3430, Nicole.riccobon@ralstonschools.org. if you have any questions about the online application.

6. 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. If you do not send in a new application that is approved by the school, or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I get WIC. Can my children get free meals?

Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.

8. Will the information I give be checked?

Yes. We may also ask you to send written proof of the household income you report.

9. 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. You must submit two pay stubs as proof of income for anyone working in the household with your second application.

10. 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: Judy Kyle, 8545 Park Dr, 402-898-3450, judy_kyle@ralstonschools.org.

11. 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.

12. What if my income is not always the same?

List the amount that you normally 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.

13. 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 also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. 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, 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.

15. 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 your child's school office to receive a second application.

16. My family needs more help. Are there other programs we might apply for?

To find out how to apply for SNAP or other assistance benefits, please go online to ACCESSNebraska.ne.gov or call 1-800-383-4278.

Spanish-speaking families

Contact Marisol Ledesma – 402-784-1691, (marisol.ledesma@ralstonschools.org) or

Karina Vouin-Izaguirre – 402-898-3557, (karina.vouinizaguirre@ralstonschools.org) for help with your application.

If you have other questions or need help, call 402-898-3450.

Sincerely,

Judy Kyle

Instructions for Completing the Free & Reduced-Price School Meals Family Application

For households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)

- **Part 1:** List each child's name, the school they attend, and their grade.
- **Part 2:** Enter the household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
- **Part 3:** Skip Part 3.
- **Part 4:** Complete Part 4. An adult must sign the form.
- **Part 5:** Part 5 is optional and does not affect your children's eligibility for free or reduced-price meals.

For households with foster, homeless, migrant or runaway children

If all children in the household are foster children:

- **Part 1:** List all foster children, the school they attend, and their grade. Check the box indicating the child is a foster child.
- **Part 2:** Skip Part 2.
- **Part 3:** Skip Part 3.
- **Part 4:** Complete Part 4. An adult must sign the form.
- **Part 5:** Part 5 is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

If some of the children in the household are foster children or are homeless, migrant or runaway children:

- **Part 1:** List all children, the school they attend, and their grade. Check the appropriate box.
- **Part 2:** If the household does not have a Master Case Number, skip Part 2.
- **Part 3:** Follow the following instructions to report total household income from the previous month.
 - **Column 1: Household Members:**
 - List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. Attach another sheet of paper if necessary.
 - **Column 2: Gross Income and How Often it was Received:**
 - Gross income is the amount earned before taxes and other deductions; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments. If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.
 - Earnings from Work includes the following:
 - Salary, wages, cash bonuses

- Net income from self-employment (farm or business)
- If you are in the U.S. Military, include:
 - Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental
 - Allowance (FSSA) payments or privatized housing allowances)
 - Allowances for off-base housing, food and clothing
 -

▪ Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

▪ Pensions/Retirement/All Other Income includes the following:

- Social Security payments
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income
- Regular cash payments received from outside the household

○ **Household Size:**

- Enter the total number of people in your household.

○ **Social Security Number:**

- The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

- **Part 4:** Complete this part. An adult must sign the form.
- **Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

Please note: Children who meet the definition of homeless, migrant or runaway, are eligible for free meals. However, the school district must have documentation on file from a migrant coordinator, homeless/runaway liaison, or the district's Direct Certification list to approve the child for free meals.

For ALL other households

- **Part 1:** List all children, the school they attend and their grade.
- **Part 2:** If the household does not have a Master Case Number, skip this part.
- **Part 3:** Follow these instructions to report total household income from last month.

○ **Column 1 – Household Members:**

- List the first and last name of each person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

○ **Column 2 - Gross Income and How Often it was Received:**

- Gross income is the amount earned before taxes and other deductions; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments. If you have no income, write “0” or leave the income field blank. By doing this, you are certifying there is no income to report.
- Earnings from Work includes the following:
 - Salary, wages, cash bonuses
 - Net income from self-employment (farm or business)
 - If you are in the U.S. Military, include:
 - Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental
 - Allowance (FSSA) payments or privatized housing allowances)
 - Allowances for off-base housing, food and clothing
- Public Assistance/Child Support/Alimony includes the following:
 - Unemployment benefits, Worker’s compensation
 - Supplemental Security Income (SSI), Cash assistance from state or local government
 - Veteran’s benefits (VA benefits), Strike benefits
 - Child support payments, Alimony payments
- Pensions/Retirement/All Other Income includes the following:
 - Social Security payments (including railroad retirement and black lung benefits)
 - Private pensions or Disability benefits
 - Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income
 - Regular cash payments received from outside the household.

○ **Household Size:**

- Enter the total number of people in your household.

○ **Social Security Number:**

- The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled “Check if no SSN.”

- **Part 4:** Complete this part. An adult must sign the form.
- **Part 5:** This part is optional and does not affect your children’s eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

Return Completed Application to:

Ralston Public School – 8545 Park Dr, Ralston, NE 68127

Part 1: Children in School

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

☐☐☐☐☐☐☐☐☐☐☐☐☐☐**Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits**Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:

(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.**1. Household Members**

List **everyone** in the household, current income each person **earns in whole dollars** (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's **personal** use income must be listed.

2. Gross Income (before taxes) and How Often it was Received

Earnings from Work before deductions

Public Assistance, Child Support, Alimony

Pensions, Retirement and All Other Income

Income

How often

Income

How often

Income

How often

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 ☐**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

"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."

Sign here:

Print name:

Date:

Street Address - Please provide
Apartment # (if available):

Zip:

Daytime
Phone:

Part 5: Children's Ethnic and Racial Identities – OptionalCheck one **Ethnic Identity**:

– and –

Check one or more **Racial Identities**:☐ Hispanic or Latino☐ Asian☐ Black or African American

☐ Native Hawaiian or
other Pacific Islander

☐ Not Hispanic or Latino☐ White☐ American Indian or Alaskan Native**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion: Weekly X 52;

Every 2 weeks X 26;

Twice a month X 24;

Monthly X 12

Total Household Size: _____

Total Income: _____ per

☐ Year ☐ Month ☐ 2 X Mo ☐ Every 2 Wks ☐ Week

☐ Free☐ Reduced☐ Denied☐ Income☐ Income

Reason for denial:

☐ Categorically eligible:☐ Income too high☐ SNAP/TANF/FDPIR☐ Incomplete application☐ Foster Child☐ Homeless/Migrant/Runaway:

(Official Documentation Required at School)

Signature of Determining Official:

Date Approved:

FOR THE VERIFICATION PROCESS ONLY:		
Signature of Confirming Official:	Date Confirmed:	Date Withdrawn From School:
Signature of Verifying Official:	Date Verified:	

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

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 (FPIR) case number or other FPIR 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.

FEDERAL INCOME CHART for School Year 2026-27					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
Each additional person:	10,508	876	438	405	203

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, 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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:

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Mail Stop 9410
Washington, D.C. 20250-9410

Email: program.intake@usda.gov

Fax:

(202) 690-7442

USDA is an equal opportunity provider, employer, and lender.

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.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **your child's school office staff**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **your child's teacher (s) or counselor/mentor**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **all available programs**.
- ☐ No! I do not wish to have any information shared with anyone at Ralston Public Schools.

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: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Nicole Riccobon** at **402-898-3430** or email at **Nicole.riccobon@ralstonschools.org**.

Return this form with your application.

APPLICATION FOR STUDENT FEE EXEMPTION

INSTRUCTIONS:

Parents or students who desire to have student fees waived must complete this form. In order to verify eligibility for the fee waiver, an Application for Free and Reduced Price Meals must be completed and submitted (unless already on file with the district). Application for a fee waiver may be made at any time, but must be renewed annually. All activities for which a waiver is sought should be listed on this form.

Student information :

- Student Name: _____
- School: _____ Grade: _____

Waivers are requested for the following activity or activities:

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Information :

- Name: _____
- Address: _____
- Phone: _____

Does this student presently meet the financial eligibility criteria for free or reduced price meals offered under the Child Nutrition Program:

☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

Programs range from Activity Pass, Uniforms Fee, Field Trips Fees, College Application/Scholarships, Exam Fees, Performance Arts, and Education Quest Grants. You may write "ALL" on one line.

SUBMIT THIS FORM TO THE PRINCIPAL'S OFFICE

For Central Office Use Only	
☐ Application accepted	☐ Application denied
Administrator's signature:	Date :
Comments :	

