

Application Instructions -Free and Reduced-price School Meals

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 if your children attend Helena School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Angie Ford at 406-324-2009 or aford@helenaschools.org. Please use a pen (not a pencil) to complete the application and print clearly.

STEP 1: List all CHILDREN in the household.

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

- Children age 18 or under and are supported with the household’s income;
- Children in your care under a foster arrangement, or who qualify as homeless, migrant, or runaway youth;
- Students attending Helena School District, *regardless of age*.

A) List each child’s name. For each child, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student? If attending school, indicate the name of school and grade level for each child and mark ‘Yes’ or ‘No’ under the column titled “Student” to tell us which children attend **Helena School District**.

C) Are any children homeless, runaway, or migrant? If you believe any child listed in this section may meet this description, please mark the “Homeless, Migrant, Runaway” box next to the child’s name and **complete all steps of the application**.

D) Do you have any foster children? If any children listed are foster children, mark the “Foster Child” box next to the child’s name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

STEP 2: Participation in SNAP, TANF or FDPIR?

If anyone in your household participates in any of the programs below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Mark ‘NO’ in the box and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave the MT Case# blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Mark ‘YES’ in the box and provide a MT case number for SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in SNAP and do not know your case number, contact: 1-866-850-1556. You must provide a MT case number on your application if you marked the box “YES.”
- Skip to STEP 4.

STEP 3: Report Income for ALL Household Members.

A) Child Income. Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked “Total Child Income.” **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.

What is Child Income?

Child income is money received from outside your household that is paid directly to your children on a regular/frequent basis. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> • Regular earnings from work 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wages.
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor’s Benefits 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

B) Adult Income. Print the first and last name of all Household Members not listed in STEP 1 even if no one receives income.

Adult Income - Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do not include people who:

- Live with you but are not supported by your household's income and who do not contribute income to your household.
- Children and students already listed in Step 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Sources of Income.

Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

How do I fill in the amount and how often it is received?

For each type of income.

- Report all amounts as gross income ONLY. Report income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark the circle to the right of the dollar amount to indicate how often income is received.

Use this chart to determine if your household has income to report.

Sources of Income for Adults		
Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) • Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's 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

D) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

E) Provide the last four digits of your Social Security Number. The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: Contact Information and Adult Signature.

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided 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 helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print and sign your name in the designated boxes for the adult completing the form.

C) Write Today's Date. In the space provided, write today's date in the box.

D) Share children's Racial and Ethnic Identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity.

2017-18 Application for Free and Reduced-price School Meals

Complete one application per household. Please use a pen.

STEP 1 List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.

DEFINITIONS:	Child's First Name	MI	Child's Last Name	School	Grade	Student?		Homeless (or) Runaway	Migrant	Foster
						Y	N			
Children in Household: Any infant, child or student up to 12th grade that lives in your household.										
Household Member: Anyone who is living with you who shares income and expenses, even if not related.										

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FDIPIR?

NO If NO household member participates in SNAP or TANF or FDIPIR, complete STEP 3.
 YES If YES, write your SNAP or TANF or FDIPIR case number here and then go to STEP 4. Do not complete STEP 3.
 MT Case #: _____

STEP 3 Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FDIPIR case number in STEP 2.

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

B. Adult Income (including yourself)
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 total gross income (before taxes) for 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 report.

First and Last Name of Adult Household Member	Earnings from Work				Public Assistance/Child Support/Alimony				Pension/Retirement/All Other Income				Total Household Members (Children and Adults)	Check if no SSN
	Weekly	Bi-Weekly	2X Month	Yearly	Weekly	Bi-Weekly	2X Month	Yearly	Weekly	Bi-Weekly	2X Month	Yearly		

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

X X X X X X X X

STEP 4 Contact Information and Adult Signature.

"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."

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Apt # _____ **Daytime Phone and Email (optional)** _____

Signature of Adult Completing Form _____ **Today's Date** _____

SCHOOL USE ONLY School District Must Complete This Section.

Signature of Determining Official: _____ **Date:** _____

Signature of Confirming Official: _____ **Date:** _____

Signature of Verifying Official: _____ **Date:** _____

Application Received: _____ **Application Effective Date:** _____

Application Approved For: Free Meals Reduced-Price Meals Application Denied

Household Size: _____ **per** _____

Directly Certified (DC) from DCA/Source Records: SNAP DC TANF DC FDIPIR DC Homeless/Runaway DC Migrant DC Foster DC

Categorical Eligibility: Foster Child Case Number _____

Total Household Income: \$ _____

ANNUAL INCOME CONVERSION
Weekly X 52
Bi-Weekly X 26
Twice a Month X 24
Monthly X 12

Convert to annual income ONLY if different frequencies of income listed.

OPTIONAL Children's Racial and Ethnic Identities.

Collecting racial and ethnic information 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:

Hispanic or Latino

Not Hispanic or Latino

Race:

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Asian White

Black or African American

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html 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 (566) 632-9992.

Submit your completed form or letter 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: (202)690-7442; or
- (3) Email: program.intake@usda.gov

USDA is an equal opportunity provider.

Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional family member	7,733	645	323	298	149

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.