

# SCHOOL ADMINISTRATIVE UNIT FIFTY SIX

Somersworth School District

51 West High Street

Somersworth, NH 03878

(603) 692-4450 • Fax (603) 692-9100



## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Maple Wood Elementary School** offers healthy meals every school day. Breakfast costs **\$1.95**; lunch costs **\$3.05**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.00** for breakfast and **\$0.40** for lunch. 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.

### 1. Who can get free or reduced priced meals?

- All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TANF]**, are eligible for free meals.
- Foster children that 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.

Household size	Yearly	Monthly	Weekly
1	\$ 26,973	\$ 2,248	\$ 519
2	\$ 36,482	\$ 3,041	\$ 702
3	\$ 45,991	\$ 3,833	\$ 885
4	\$ 55,500	\$ 4,625	\$ 1,068
5	\$ 65,009	\$ 5,418	\$ 1,251
6	\$ 74,518	\$ 6,210	\$ 1,434
7	\$ 84,027	\$ 7,003	\$ 1,616
8	\$ 93,536	\$ 7,795	\$ 1,799
Each additional person:	+ \$ 9,509	+ \$ 793	+ \$ 183

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 email **Amy Pillsbury**, [apillsbury@sau56.org](mailto:apillsbury@sau56.org) , 603-692-4450.

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: **Cheryl Snowden**, 51 West High Street Somersworth, NH 03878, 603-692-4450.

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 **Cheryl Snowden**, 51 West High Street Somersworth, NH 03878, 603-692-4450, [csnowden@sau56.org](mailto:csnowden@sau56.org) immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://www.mymealtime.com/> to begin or to learn more about the online application process. Contact **Katie Krauss**, [kkrauss@sau56.org](mailto:kkrauss@sau56.org) , 603-692-4450 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, through 10/13/23. 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.

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: **Lou Goscisnki** 603-692-4450.

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 **Cheryl Snowden, 51 West High Street Somersworth NH 03878, 603-692-4450, csnowden@sau56.org** 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, TANF or FDPIR or other assistance benefits, contact your local assistance office or call client services toll free at 1-800-852-3345 ext. x4238, 1-844-275-3447 or 1-603-271-9700.

If you have other questions or need help, call [phone number].

Sincerely,



Lou Goscinski, Superintendent of Schools

**EXPECT EXCELLENCE**

*Equal Opportunity Employer • Equal Education Opportunities*



# How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the [Insert School District].**

The application must be filled out completely to determine the eligibility of your child(ren) 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 [Insert school/school district contact here; phone and email preferred].

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

## Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) [school/school system here].

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.</p>	<p><b>B) Is the child a student?</b> If "Yes," write the grade level of the student in the "Grade" column to the right.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>Step 1</b>, go to <b>Step 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u> Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</p>
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## Step 2: Do any household members currently participate in SNAP, TANF, or FDIPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or [Insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [Insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Check "No" in Step 2 and go to Step 3.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: [Insert State/local agency contacts here].
- Go to Step 4.

## Step 3: List ALL household members and income for each member

### How do I report my income?

- Use the lists titled "Sources of Income" & "Examples of Income for Children," on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes and 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 also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

### 3.A. Report income earned by adults

#### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are 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 do not contribute income to your household.
  - Infants, children and students already listed in Step 1.



### Step 3: List ALL household members and income for each member

**1) List adult household members' names.**

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

**2) List earnings from work.**

List 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. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

**3) List income from public assistance/child support/alimony.**

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**4) List income from pensions/retirement/all other income.**

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

**5) List 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 affects your eligibility for free and reduced price meals.

**6) Provide the last four digits of your Social Security Number.**

An 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 Social Security Number."

**3.B List income earned by children**

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is 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.

## 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. Before completing this section, please also make sure you have read the statements on the back of the application.*

<p><b>A) Provide your contact information.</b> Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p><b>B) Print and sign your name and write today's date.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p><b>C) Mail completed application to:</b> Insert School/District address here</p>
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### Optional

**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. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

**Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.**



# 2023 - 2024 Child Nutrition Programs Household Application for Free and Reduced Price School Meals

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

**APPLY ONLINE:**  
**RETURN TO (School/District Name):**  
**ADDRESS:**

## STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MIL	Child's Last Name	Grade	Check all that apply			
				Foster-Child	Migrant	Runaway	Homeless
				<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"/>	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1, Part C & Part D.

## STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3.  YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

## STEP 3 List ALL household members and income for each member (before taxes and deductions)

### A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you).

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?				Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSJ, VA Benefits, All Other	How often received?			
		Weekly	Every 2Weeks	2x/Month	Monthly		Annual	Weekly	Every 2Weeks	2x/Month		Monthly	Annual	Weekly	Every 2Weeks
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary/Wage Earner or other Adult Household Member (if Applicable)

Child Income

How often received?  Weekly  Every 2Weeks  2x/Month  Monthly  Annual

Check if no Social Security Number

How often received?  Weekly  Every 2Weeks  2x/Month  Monthly  Annual

Please see application's back for list of income sources.

## STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

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 (confirm) 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.

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

City

State

Zip

Phone (optional)

Email (optional)

**SOURCES AND EXAMPLES OF INCOME**

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

Sources of Income		Examples of Income for Children
<p><b>Earnings from Work</b></p> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<p><b>Public Assistance/Alimony/Child Support</b></p> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>
<p><b>Pensions/Retirement/All other sources of income</b></p> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<p><b>Pensions/Retirement/All other sources of income</b></p>	

**OPTIONAL**

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

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

**Race (check one or more!):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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.

**DO NOT FILL OUT**

For school use only.

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?	Household size	Categorical Eligibility	Eligibility
<input type="text"/>	<input type="radio"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x/Month <input type="radio"/> Monthly <input type="radio"/> Annual	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.

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.

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

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 (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

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

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

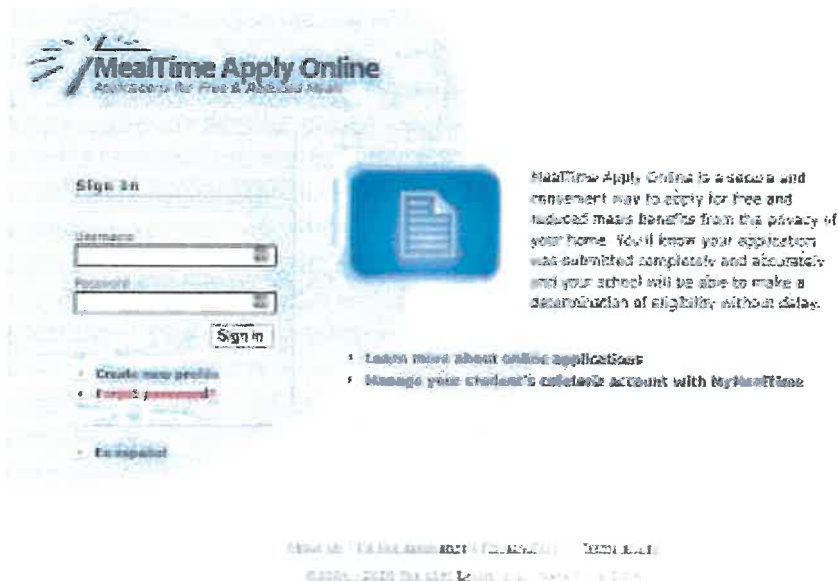
Return completed form to your child's school.

## A Guide to Creating Free/Reduced Applications Using MealTime Apply Online

**Note:** Apply Online uses these arrow symbols   to enable you to navigate through your application. After each step below, click the right-facing arrow to move forward to the next step. Click the left-facing arrow if you need to return to a previous page.

### Creating and Submitting a New Application

1. Open your internet browser and go to [www.mymealtime.com/apps](http://www.mymealtime.com/apps). (Your student's school or district may have provided a link to Apply Online from their website.)



2. If you already have a My MealTime account, use the same Username and Password to log into MealTime Apply Online. If you have forgotten your Username or Password, click the 'Forgot password?' link. If you have not yet created an account, click the 'Create new profile' link.

**Note:** This page can be viewed in Spanish by clicking the 'En Español' link.

- To create a new application, click the 'New Application' button. To return to an application that has already been started, click 'Application in Progress'. You can view past applications by clicking the 'Past Applications' button.

Apply for your student's free and reduced price meals here. Click below to start or resume an application. When you're finished, we'll make sure to securely deliver it to your school district. To see applications you submitted earlier, click on Past Applications below.

**New Application**



Start your new application for this school year.

[Start an Application](#)

**Application in Progress**




Currently you have no unfinished applications.

**Past Applications**



Currently you have no Past Applications.

- Select your State and the school or school district your students attend. When finished, click the right-facing arrow. 

### Select the District Your Students Attend...

In order for your application to be submitted correctly we must identify the school district your students attend.

Select your state first, then your school district.

**State:**

**District:**



5. Click the 'Information on Free and Reduced Price Meals' link to get information from your School or District. It will open on a new browser tab.

## Learn About Your Application...

Understanding the free and reduced price meals application process helps you complete your application more quickly and accurately. Please take the time to read the information your school district has provided by clicking the links below.

- [Information on Free and Reduced Price Meals](#)      [School District](#)

If you have not already done so, please review the *MealTime Applications [Terms of Use](#) and [Privacy Policy](#).*

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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](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 (866) 632-8952. 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.





6. Select the application type for your household.

### Choose Your Application Type...

The information we collect for your free and reduced price meals application can vary depending on your household situation.

Please select your application type from the list below.

For **Any Household with Any Members Receiving SNAP\*\*, TANF, or FDPIR Assistance**


For all other Households

\*\*SNAP is the Supplemental Nutrition Assistance Program (formerly Food Stamps)

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.



### Step One

7. In Step One, you will add one or more students to your applications. This first page provides an overview of the information needed to add your student(s) to an application. Please read the information. When finished, click the right-facing arrow. 

### Step One - Your Student's Information...

#### Step One - Step One of Four

In this step we will ask a few basic questions about each student in your household.

In this step you will enter:

- The name of the school each of your students attends
- The student ID number assigned to each student by your school district
- Information about any regular income each student receives (if any)

You should be able to complete this step in just a minute or two per student!

Let's get started!



8. Enter the student's first name and student ID number.

Note: The student ID number can be obtained from the office at your student's school or district. For confidentiality reasons, MealTime cannot provide this ID to parents.

### Add a Student to Your Application...

Simply enter the student's first name and his/her school district assigned ID number below.

**First Name:**

**Student ID:**



9. Enter the student's birthdate. From the drop-down list, select the school they attend, and select their grade. If your student qualifies as a Foster, Homeless, Migrant, or Runaway child, select accordingly. If not, select 'None'.

### Add Student Information...

The information below will help ensure your student is properly identified. Please enter the birthdate, school, grade and choose a status for Heidi below:

**Birthdate:**

 /  /  (mm/dd/yyyy)

**School:**

**Grade:**

**Does this student qualify as**

Foster  Homeless  Migrant  Runaway  None

If you have questions regarding your student's status, please contact your school district for assistance:

School District



10. If the student has an income, enter it here along with the frequency this income is earned. If they do not earn an income, select 'No Income'.

Note: Income from other household members should **not** be included in this section.

### Add Student Income Information...

It is important that you enter the amount of any gross income that is received and how often in the appropriate row below. All gross income that is received as of last month should be listed.

If child has no income at all, check the "No Income" box below.

Earnings From Work Before Deductions:	\$	1000	/	1	- How Often -	<input type="checkbox"/> No Income
Welfare, Child Support, Alimony:	\$	0	/	1	- How Often -	
Pensions, Retirement, Social Security:	\$	0	/	1	- How Often -	
All Other Income:	\$	0	/	1	- How Often -	



11. Review the information for the student you added. If you have additional students to add, click the 'Add Another Student' button.

### Review Students...

Please review the list of students below. It must include all students living in your household who do not receive SNAP, TANF, or FDI/R assistance.

Continue adding students using the 'Add Another Student' button. When your list of students is complete, click the blue arrow button to move to the next step.

Student's Name	School	Status	Annual Income	
Haid	Wilkesville High School	None	No Income	<input type="button" value="Edit"/>



## Step Two

12. In Step Two you will be entering all non-student household members that live at your residence. Each household member should be entered individually with their individual income.

### Step Two - Your Household Information...

 - Step Two of Four

In this step we will ask questions about each person living in your household - but **don't include the students you entered previously**. Remember to include yourself and any other persons living in your home - related or not (grandparents, other relatives, and friends for example.)

In this step you will enter:

- Each household member's name
- Each household member's income
- How often each household member's income is received

You should be able to complete this step in just a minute or two per household member.

If you need to change some information in the previous section, don't worry. You will have a chance to edit it later.



13. Enter the information for the first household member.

### Add a Household Member...

Please enter the first, middle, and last names of the adult household member who will be signing this application.

First Name:

Plane

Middle Name:

Last Name:

Address



14. Enter the household member's income and frequency. If they have no income, select 'No Income'.

### Enter Household Member Income...

It is very important that you enter the amount of any gross income Sally receives and how often in the appropriate row below. All gross income Sally received as of last month should be listed.

If Sally has no income at all, check the 'No Income' box below.

Earnings From Work Before Deductions:  No Income

\$  / -- How Often --

Welfare, Child Support, Alimony:  No Income

\$  / -- How Often --

Pensions, Retirement, Social Security:  No Income

\$  / -- How Often --

All Other Income:  No Income

\$  / -- How Often --




15. Review the information for the household member you added. If you have additional household members to add, click 'Add another household member'.

### Review Household Members...

Please review the list of household members below. It must include all non-students living in your household.

Continue adding household members using the 'Add another household member' button. When your list of household members is complete, click the 'Yes, go on!' button to move to the next step.

Person's Name	Annual Income	
Step Smith	\$2,000.00	<input type="button" value="Edit"/>
<input type="button" value="Add another household member"/>		



## Step Three

16. In Step Three, you will enter the general information required to complete the application. The first page explains what information is required.

### Step Three - General Information...

 - Step Three of Four

In this step we will ask you for some general information about your household.

You will be entering your:

- Mailing address
- Telephone number
- Social security number
- Optional race and ethnicity information
- Total number of people in your household

You should be able to complete this step in two to five minutes.

If you need to change some information in the previous sections, don't worry. You will have a chance to edit it later.






17. From the drop-down list, select the adult family member who will sign the application.  
Enter the remaining information.

**Add Household Information...**

Select the name of the adult household member who will sign the application and enter as much of the other household information as possible.

Signing Adult:  
 Sally Smith  
 Mailing Address:  
 123 Any Street Apt./Ste:  
 55  
 City: Anytown State: Oregon Zip: 97223  
 Phone Number:  
 123 - 555 - 1234  
 What is the total number of people in your household (children and adults):  
 2



18. Enter either the last four digits of the signer’s Social Security Number. If they do not have one, select ‘No Social Security Number’.

**Add Application Signer's SSN...**

If Sally Smith has a Social Security Number, enter the last four digits of it in the space provided below. If Sally does not have a social security number check the 'No Social Security Number' box.

Social Security Number:  
 XXX - XX - [ ]  
 - or -  
 No Social Security Number




19. The selection of Race and Ethnicity Information is optional.

**Add Optional Race and Ethnicity Information...**

Please review the list of items below and check any items applicable to the students on your application. NOTE: The Student Racial and Ethnic Group sections are optional and do not affect eligibility.

Student Racial and Ethnic Group (Optional)  
 (Check one or more race/ethnicities)

<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Race Other
Check one ethnicity:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino



20. If your school district offers additional benefit such as Medical Programs, Field Trips, etc., then select the appropriate benefit(s). Then, select the student(s) who will receive these benefit(s).

### Select Additional Benefits...

Yes for the specific opportunities checked below, I want the Meal Benefits Office to share my child's name and eligibility status (approved for free or reduced price meal benefits) with the administrator at my child's school to determine my child's eligibility for:

- Medical Programs (e.g. eye glasses/dental)
- Before or After school programs fee waiver/reduction
- Field trips fee waiver/reduction
- Instructional materials (e.g. workbooks) fee waiver/reduction
- Student body card fee waiver/reduction (Middle or High School)

Student Name	Birthdate	Student ID Number	School
<input type="checkbox"/>			



## Step Four

21. In Step Four, you will sign and submit your applications. This first page provides an overview of the confirmation and submission information required to complete and submit your application.

### Step Four - Confirmation and Submission...

- Step Four of Four

The next page is a summary of all application information you have entered so far. Review the information carefully to confirm it is correct (you will be able to edit it if needed.)

Once the information is correct, the adult signing this application must enter his/her full name twice (once in each of the signature boxes). This will serve as the 'digital signature' for the application.



22. Upon completion of the application, the signer will be prompted to digitally sign the application by entering their name twice. Enter the signer's name exactly as spelled under the Signing Adult.

Confirm and sign your student's "Free and Reduced Price Meals" application for Bethel School District below:

Children in School					
Student's Name	School	Status	Birthdate	SNAP/TANF #	
Heidi	Willamette High School	None			

Household Member Income					
Household Member Name	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, retirement, Social Security	All Other income	No Income
Heidi					No Income
Sally Smith	\$1,000.00 / Twice a month				

**Signature and Household Information**

An adult household member must sign the application. If the Household Member Income section is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

**Signing Adult:**  
Sally Smith

**Social Security Number:**  
[not provided]

**Mailing Address:**  
123 Any Street  
55  
Anytown, Oregon 97223

**Phone Number:**  
123-555-1234

**Total Household Members:**  
2

**I have read and understand the paragraph above.**

**Signature:** (signing adult enters name here)

**Confirm Signature:** (signing adult enters name again here)

---

**Student Racial and Ethnic Group (Optional)**

Mark one or more racial identities:

Asian	American Indian	Black or African American
White	Native Hawaiian or Other Pacific Islander	Race Other

Mark one ethnic identity:

Hispanic or Latino	Not Hispanic or Latino
--------------------	------------------------

Note: Clicking 'Submit Now' will prompt the message below. Clicking 'Submit Later' will save the application for future submission.

23. If you clicked 'Submit Now' in the previous step, the message below will display. Click 'Yes' to confirm. Click 'No' to return to the previous step.

**Are you sure you want to submit this application?**

Once this application is submitted to your district you will not be able to edit or 'unsubmit' it. To make changes you will need to submit a new application.

Submit the application?

Yes	No
-----	----

24. Once an application has successfully been submitted, the signer will have the option to do any of the following:

**Your Free and Reduced Price Meals Application Has Been Submitted**

Your Free and Reduced Price Meals Application is now available to your school district's Approval Determining Official. In most cases your school district will notify you of the Application's status within 10 business days.

- [View or Print This Application](#)
- [Submit a New Application](#)
- [RealTime Applications Home](#)
- [RealTime Online Home](#)

25. If you would like to view or print your application click View or Print this Application. See example below.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Parent Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parental Consent:**  
 I hereby certify that the information provided on this form is true and correct. I understand that the information provided on this form will be used for the purpose of determining the student's eligibility for free or reduced price meals. I understand that the information provided on this form will be shared with the school district and the state of Michigan. I understand that the information provided on this form will be used for the purpose of determining the student's eligibility for free or reduced price meals. I understand that the information provided on this form will be shared with the school district and the state of Michigan.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_

**Student Contact Information:**  
**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Parent Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

APPLICATION  
**Permission to Share 2008/2009  
 Confidential Meal Eligibility Status**

**DID YOU KNOW?** Your child may be eligible to receive other benefits provided by the school district if he or she is approved for Free or Reduced-price meals.

**Dear Parent or Guardian:**

If you are interested in the possibility of additional benefits for your child, the district now has your permission to share your child's name and meal eligibility status (i.e. approved for Free or Reduced Price meals), with the other programs that offer benefits.

You may give permission to the district to release your child's name and meal eligibility status for ALL opportunities listed below (Option 1), or for only specific opportunities (Option 2). **Returning this form will not change whether your child receives free or reduced price school meals.**

If you do NOT want to give permission for your child's name and meal eligibility information to be released, STOP HERE and do NOT complete this form. Your child's eligibility status for free or reduced price school meals will not be shared.

Yes, for ONLY the specific opportunities checked below, I want the Meal Benefits Office to share my child's name and eligibility status (approved for free or reduced price meal benefits) with the administrator at my child's school to determine my child's eligibility for:

- Medical Programs (e.g. eye glasses, dental)
- Before or After School programs for waiver/reductions
- Field trips for waiver/reductions
- Instructional materials (e.g. consumable workbooks) for waiver/reductions
- Student body card fee waiver/reductions (Middle or High School)

The Meal Benefits Office will only share our child's confidential eligibility information with the school administrator to share with the administrator you selected.

Student Name	Birthdate MM/DD/YYYY	Student ID Number	School
1	/ /		
2	/ /		
3	/ /		
4	/ /		
5	/ /		

\*Please list additional children names on a separate sheet and attach to this document.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Required to process request

Printed Name of Parent/Guardian: \_\_\_\_\_  
Required to process request

Current Phone Number: \_\_\_\_\_  
Local and toll-free programs are equal opportunity providers, educators and employees.





